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# the health of Derby 1972



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COUNTY BOROUGH OF DERBY

# **ANNUAL REPORT**

of the

**Medical Officer of Health**

and

**Principal School Medical  
Officer**

**1972**

V. N. LEYSHON, M.D., (LOND.), D.P.H.





Part of the Health Education Resource Centre



# The Health of Derby 1972

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School Medical Officer  
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CASTLEFIELDS HOUSE,  
MAIN CENTRE,  
DERBY. DE1 2FL

September 1973

To the Chairman of the Health Committee and Members  
of the Health and Education Committees

I have pleasure in enclosing my Annual Report for 1972, my twenty-fifth consecutive production. It was in 1948 that I was appointed Medical Officer of Health to the Borough, the year which saw the implementation of the National Health Service Act of 1946. Throughout the subsequent years I have witnessed an increasing emphasis in the Department with regard to the development of services designed to prevent ill health.

In view of the pending reorganisation of the National Health Service effective as from 1st April 1974, it may not be possible to produce before that time a Report for 1973, and this therefore may well be the last Report to the present Council. I would like to take this opportunity therefore to record my sincere thanks to members of both Committees, but particularly to my present Chairman, Alderman Mrs. Cooke for the assistance, encouragement and support I have received. I should also like to add my appreciation of the friendly advice and help always available from officers of other departments of the Corporation; and finally I wish to thank the entire staff of my department for their unstinting and willing co-operation once again in what has been a most demanding year from a work point of view.

The contributions each of my section heads have given speak for themselves, and as you read the report on Environmental Health, you will be reminded of the sad and great loss occasioned by the death in March 1973 of the much-loved and respected Chief Public Health Inspector, Mr. Redvers Davies, who had worked in the department since 1936.

*V. N. Leyshon*

Medical Officer of Health

**MEMBERS OF THE HEALTH COMMITTEE as at 31.12.72.**

*Chairman* — Alderman Mrs. Cooke

*Vice-Chairman* — Councillor Mrs. Pritchard

Alderman Simms	Councillor Marshall
Councillor Carty	Councillor Newton
Councillor Curzon	Councillor Shepley
Councillor Gadsby	Councillor Webster
Councillor Mrs. Longdon	Councillor Mrs. Wood
* Mr. B. E. Davies	
* Dr. T. Dorman	
* Dr. A. H. D. Hunter	
* Mr. F. Orrell	
* Dr. R. H. Rhind	

**MEMBERS OF THE EDUCATION COMMITTEE as at 31.12.72.**

*Chairman* — Alderman Mrs. Pendry

*Vice-Chairman* — Councillor Parsons

Alderman Mrs. Collis	Councillor Kimpton
Alderman Lamb	Councillor Macdonald
Alderman Mrs. Mack	Councillor Maltby
Alderman Tillett	Councillor Marshall
Alderman Mrs. Wood	Councillor Mrs. O'Brien
Councillor Mrs. Ault	Councillor Perkins
Councillor Carty	Councillor Mrs. Spacey
Councillor Foxcroft	Councillor Watson
Councillor Guest	Councillor Mrs. White
Councillor Keene	Councillor Mrs. Wood
* Alderman R. D. Beardsley	
* Mr. P. Cann	
* Mr. L. V. Kinselle	
* Rev. J. K. Lloyd-Williams	
* Mr. D. Montague	
* Rev. D. E. Rowland	

**MEMBERS OF THE EDUCATION (SPECIAL PURPOSES SUB) COMMITTEE  
as at 31.12.72.**

*Chairman* — Councillor Parsons

*Vice-Chairman* — Councillor Kimpton

Alderman Mrs. Collis	Councillor Marshall
Alderman Mrs. Mack	Councillor Mrs. O'Brien
Alderman Tillett	Councillor Mrs. Spacey
Councillor Foxcroft	Councillor Mrs. White
Councillor Maltby	Councillor Mrs. Wood
* Mr. L. V. Kinselle	
* Rev. J. K. Lloyd-Williams	

*\*Co-opted Members*

STAFF at 31.12.72

MEDICAL

- Medical Officer of Health and Principal School Medical Officer:—*  
V. N. LEYSHON, M.D. (Lond.), D.P.H.
- Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—*  
J. E. MASTERSON, M.B., Ch.B., D.P.H.
- Senior Medical Officer:— (Establishment 2)*  
E. B. HAZLEWOOD, M.B., B.S., D.C.H.
- Medical Officers in Department:—*  
\*M. M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H., L.M. (Belfast)  
\*M. NEWLANDS, M.B., Ch.B.
- School Medical Officers:—*  
N. M. ADAMS, M.B., Ch.B.  
C. L. NOBLE, M.R.C.S., L.R.C.P.  
\*A. DALZIEL, M.B., Ch.B.  
\*J. DOUGLAS, M.D., D.P.H.  
\*A. J. H. REDFORD, B.A., M.B., B.Ch., B.A.O.
- Chest Physician:—*  
\*H. L. MATTHEWS, M.D., L.R.C.P., Consultant General Physician
- Consultants:—*  
\*A. G. EVANS, F.R.C.S.(I), D.L.O.  
*E.N.T. Surgeon*  
\*T. G. G. DAVIES, F.R.C.S., D.O.  
*Ophthalmic Surgeon*  
\*N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic)  
*Obstetrician and Gynaecologist*
- Orthopaedic Surgeon:—*  
\*W. H. G. PATTON, M.Ch.(Orth.)

DENTAL

- Principal School Dental Officer:—*  
F. GROSSMAN, L.D.S. (Q.U. Belfast).
- Senior Dental Officers:—*  
M. RIGBY, L.D.S., R.F.P.S. (Glas.)  
A. GODWARD, L.D.S. (Bristol)
- Assistant Dental Officers:—*  
N. H. FRASER, B.D.S.  
\*S. J. ANDREW, B.D.S., L.D.S., R.C.S.  
J. R. GODDARD, L.D.S., R.C.S.  
\*H. W. O. ROBERTS, L.D.S.
- Anaesthetists:—*  
\*E. ANDERSON, M.B., Ch.B., D.A.  
\*R. BLAIR, M.A., M.B., Ch.B.
- Dental Surgery Assistants:— 7 (Establishment 8)*

NON-MEDICAL

- Administration Officer:—*  
J. F. HARDING, F.H.A., D.M.A.
- Senior Administrative Assistant:—*  
T. H. LIMBERT
- Administrative Assistant:—*  
G. E. HUNT, D.M.A.  
Vacancy
- Clerks:—*  
HEALTH DEPARTMENT:— 31 (including 1 part-time)  
SCHOOL HEALTH SERVICE:—  
*Administrative Officer:—* H. WOODGATE  
*Administrative Assistant:—* Miss M. M. WIBBERLEY  
*Clerks:—* 15  
*Social Workers (Health Service):—* Miss A. J. E. GODRICH, C.S.W.  
Mrs. M. A. PITT, C.S.W.
- Occupational Therapist/Rehabilitation Officer:—*  
MRS. E. M. BENTLEY, R.M.P.A., R.M.N. Cert., M.A.O.T. Diploma
- Occupational Therapist:—*  
\*MRS. G. E. KEELING, M.A.O.T. Diploma



Craft Instructor: 1 – (Establishment 2)

Psychologists:—  
School Health Service  
P. V. GREATOREX, B.Sc., Degree in Psychology  
M. A. MOLINEUX, B.A., Dip. Ed.

Senior Speech Therapist:—  
\*MRS. D. R. MARCH, L.C.S.T.

Speech Therapists:—  
\*MRS. R. D. FISHER, L.C.S.T.  
\*MRS. A. ADLER, L.A.C.S.T., D.T.S.T.

Remedial Teachers:—  
MRS. F. N. RODWELL, B.A., Certificate in Education.  
MRS. H. V. HEALD, B.Sc.(Hons.)

Physiotherapist:—  
\*MRS. R. A. H. GARDINER, M.C.S.P., S.R.P.

Principal Health Visitor:—  
MISS A. D. LATHAM, S.R.N., S.C.M., B.T.A.Cert., H.V.Cert.

Deputy Principal Health Visitor:—  
MISS D. J. HARRIS, S.R.N., S.C.M., H.V.Cert.

Senior Health Visitor:— 1

Health Visitors:— 19 (including 6 part-time) (Establishment 29)  
S.R.N.s                        8    } Held against  
Student H.V.s                2    } H.V. posts.

Infectious Diseases Visitor:— 1

Infectious Diseases S.R.N.:— 1

School Health Nurses:— 6 (Establishment 8)

Tuberculosis Visitors:— 2

State Registered Nurse:— 1 (Part-time) — Cytology

Interpreter:— (Sessional) 1

Principal Home Nursing Officer:—  
N. G. KING, S.R.N., O.N.C. (Home Nursing)  
Deputy Principal Home Nursing Officer:—  
MRS. J. M. LAWRENCE, S.R.N., R.F.N., Diploma in Domiciliary Nursing  
Home Nurses:— 38 (including 1 parttime)  
Bath Attendants:— 11  
State Registered Nurse vacancy (part-time) — Renal Dialysis

Principal Midwifery Officer:—  
MRS. M. L. ROONEY, S.R.N., S.C.M.

Domiciliary Midwives:— 20 (Establishment 24)

Senior Chiropodists:—  
M. D. LEWIS, S.R.Ch., M.Ch.S., M.R.S.H.  
\*MRS. E. MULLINEUX, S.R.Ch.  
\*MRS. A.. GREATOREX, S.R.Ch.  
\*MRS. P. WAINWRIGHT, S.R.Ch.  
Chiropody Clinic Assistants:— 3

Health Education Officer:—  
R. L. CARABINE, M.G.H.E., A.I.S.W., M.I.H.E.

Health Education Assistant:— 1

Dietician:— 1

Chief Public Health Inspector:—  
R. DAVIES, M.A.P.H.I.  
Deputy Chief Public Health Inspector:—  
A. WENN, M.A.P.H.I.

Divisional Public Health Inspectors:— 4

Senior Public Health Inspectors:— 4  
Public Health Inspectors:— (All branches) 11 (Establishment 12)  
Assistant Industrial Smoke Inspector:— 1  
Smoke Survey Assistants:— 2 (Establishment 4)  
Technical Assistants:— 3 (Establishment 6)  
Trainee Public Health Inspectors:— 5 (Establishment 6)  
Authorised Meat Inspectors:— 2  
Rodent Operatives:— 6  
Labourer:— 1

Public Analyst:—  
\*J. MARKLAND, B.Sc., F.R.I.C.

Chief Ambulance Officer:—  
J. W. JOYNES, F.I.A.O.  
Deputy Chief Ambulance Officer:—  
C. J. WILCOX, A.I.A.O.  
Station Superintendent:—  
G. BARRON  
Station Officers:— 5  
Clerks:— 3  
\*Maternity Escorts:— 2  
Ambulance Drivers/Attendants:— 55

Miscellaneous:—  
Cleansing Attendants (School Health Service):— 3  
\*Child Health Clinic Assistants:— 8  
\*Child Health Clinic Cleaners:—3  
\*Welfare Foods Assistants:— 9  
\*Caretaker:— 1  
\*Kitchen Assistants:— 2  
Lift Attendant:— 1

\* Part-time

# statistical information

Vital Statistics  
Births  
Deaths





STATISTICS AND SOCIAL CONDITIONS OF DERBY

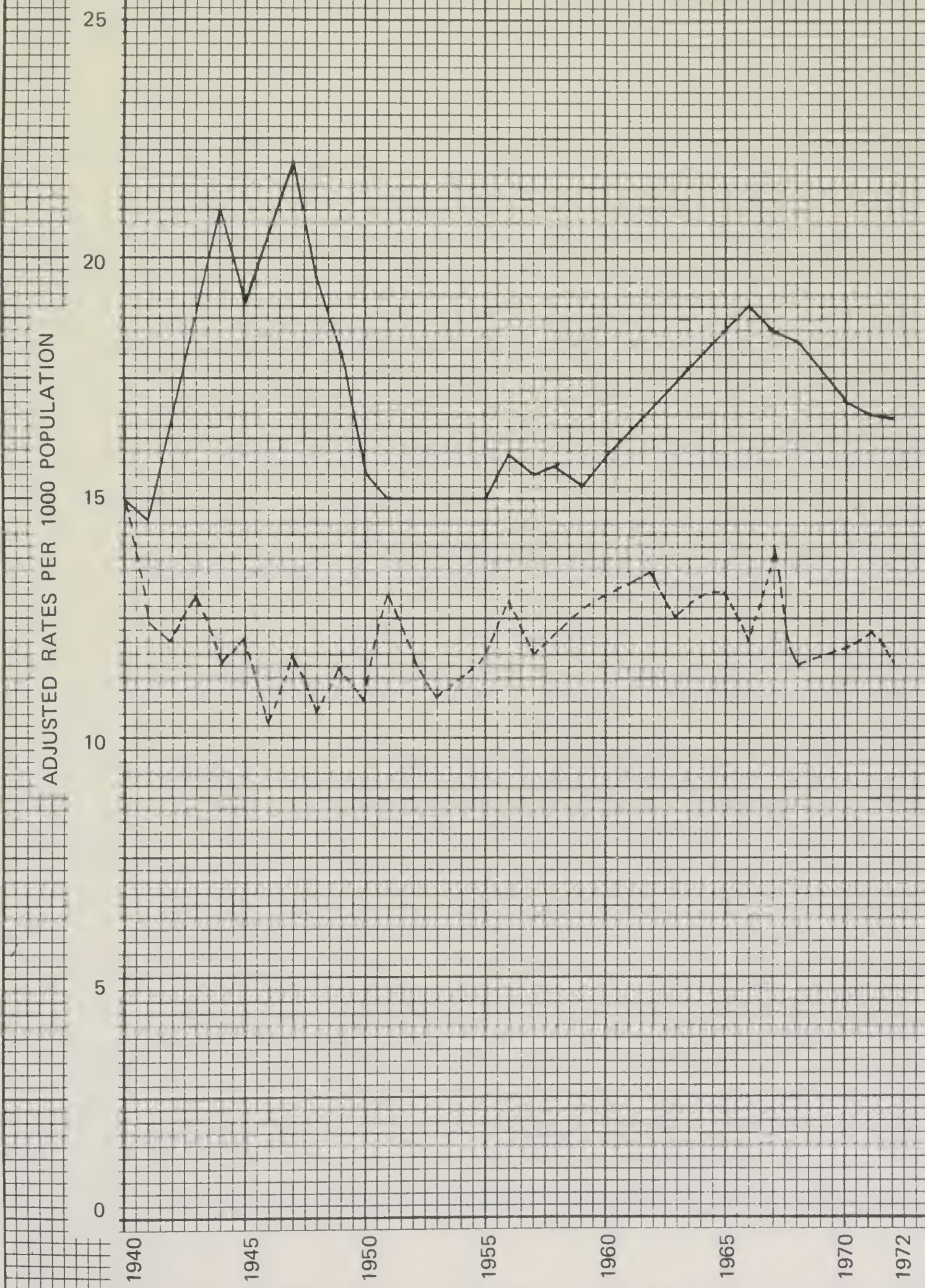
Area of Borough	19282 acres		
Inhabited houses as at 31.3.73.	74009		
Void houses as at 31.3.73.	1662		
Estimated mid-year population	219,910		
Revised Rateable value as at 31.3.73.	£10,863,764		
Estimated product of 1p rate 1972/73.	£108,500		
Live Births	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1614	1474	3088
Illegitimate	159	175	334
Stillbirths			
Legitimate	22	18	40
Illegitimate	2	4	6
Total Live and Stillbirths	1797	1671	3468
Infant Deaths — Under 1 year			
Legitimate	33	27	60
Illegitimate	6	3	9
Deaths — all ages	1287	1240	2527
Excess of live births over deaths	895		
Birth Rate — local adjusted per 1000 population	16.4		
Illegitimate live births as percentage of all live births	9.8		
Stillbirths — per 1000 total live and stillbirths	13.3		
Infant mortality rates			
Deaths under 1 year per 1000 live births	20.2		
Legitimate infant deaths per 1000 legitimate live births	19.4		
Illegitimate infant deaths per 1000 illegitimate live births	26.9		
Neonatal mortality rate			
Deaths under 4 weeks per 1000 total live births	12.3		
Early neonatal mortality rate			
Deaths under 1 week per 1000 total live births	10		
Perinatal mortality rate			
Stillbirths and deaths under 1 week per 1000 total live and stillbirths	23		
Death rate — local adjusted per 1000 population	11.7		
Marriages	1894		
Burials, including stillborn children	737		
Cremations, including non-Borough residents	3788		
Inquests	143		
Post-mortem examinations	754		

DEATHS OF DERBY RESIDENTS DURING 1972

CAUSES OF DEATH	Total All Ages	Under 4 Weeks	4 Weeks and Under 1 Year	1 – 4	5 – 14	15 – 24	25 – 34	35 – 44	45 – 54	55 – 64	65 – 74	75+
Tuberculosis of Respiratory System . . . . .	5	—	—	—	—	—	—	—	1	1	2	1
Late Effects of Respiratory Tuberculosis . . . . .	1	—	—	—	—	—	—	—	—	—	1	—
Meningococcal Infection . . . . .	1	—	1	—	—	—	—	—	—	—	—	—
All Other Infective and Parasitic Diseases . . . . .	2	—	—	—	—	—	—	—	—	2	—	—
Malignant Neoplasm — Buccal cavity and Pharynx . . . . .	4	—	—	—	—	—	—	—	1	2	—	1
Malignant Neoplasm — Oesophagus . . . . .	10	—	—	—	—	—	—	—	2	1	3	4
Malignant Neoplasm — Stomach . . . . .	42	—	—	—	—	—	—	2	5	7	15	13
Malignant Neoplasm — Intestine . . . . .	81	—	—	—	—	1	—	1	4	21	22	32
Malignant Neoplasm — Larynx . . . . .	2	—	—	—	—	—	—	—	—	—	2	—
Malignant Neoplasm — Lung Bronchus . . . . .	125	—	—	—	—	—	1	—	11	46	51	16
Malignant Neoplasm — Breast . . . . .	60	—	—	—	—	—	—	4	9	11	18	18
Malignant Neoplasm — Uterus . . . . .	18	—	—	—	—	—	2	2	3	2	5	4
Malignant Neoplasm — Prostate . . . . .	12	—	—	—	—	—	—	—	1	—	7	4
Leukaemia . . . . .	13	—	—	—	1	—	1	2	1	2	4	2
Other Malignant Neoplasms . . . . .	140	—	—	—	3	—	1	7	16	26	40	47
Benign & Unspecified Neoplasms . . . . .	8	—	—	—	—	1	1	—	2	1	2	1
Diabetes Melitus . . . . .	24	—	—	—	—	1	1	—	2	—	11	9
Other Endocrine, Nutritional and Metabolic Diseases . . . . .	9	—	—	—	—	1	—	1	1	3	2	1
Anaemias . . . . .	6	—	—	—	1	—	—	—	—	1	—	4
Other Diseases of Blood and Blood Forming Organs . . . . .	1	—	—	—	—	—	—	—	—	—	—	1
Mental Disorders . . . . .	4	—	—	—	—	—	—	—	—	—	3	1
Meningitis . . . . .	2	—	—	1	—	—	—	—	—	—	—	1
Other Diseases of Nervous System and Sense Organs . . . . .	16	—	—	1	1	1	—	—	—	2	6	5
Chronic Rheumatic Heart Disease . . . . .	29	—	—	—	—	—	1	1	5	7	5	10
Hypertensive Disease . . . . .	29	—	—	—	—	—	—	1	1	7	6	14
Ischaemic Heart Disease . . . . .	695	—	—	—	—	—	—	14	50	126	247	258
Other Forms of Heart Disease . . . . .	102	—	1	—	1	1	—	1	4	11	20	63
Cerebrovascular Disease . . . . .	294	—	—	—	—	—	1	1	12	27	96	157
Other Diseases of the Circulatory System . . . . .	131	—	—	—	—	—	1	—	5	16	26	83
Influenza . . . . .	21	—	—	—	—	—	—	—	—	2	8	11
Pneumonia . . . . .	206	—	4	1	1	—	1	1	3	13	43	140
Bronchitis, Emphysema . . . . .	123	—	1	1	—	—	—	—	5	26	40	50
Asthma . . . . .	7	—	—	—	—	1	—	—	1	2	3	—
Other Diseases of the Respiratory System . . . . .	49	—	7	1	—	—	—	1	1	4	16	19
Peptic Ulcer . . . . .	18	1	—	—	—	—	1	—	2	5	4	5
Appendicitis . . . . .	2	—	—	—	—	—	—	—	—	1	—	1
Intestinal Obstruction and Hernia . . . . .	11	2	—	—	—	—	—	—	—	—	4	5
Cirrhosis of Liver . . . . .	7	—	—	—	—	—	—	—	1	3	—	3
Other Diseases of the Digestive System . . . . .	23	—	—	—	—	—	—	1	1	5	2	14
Nephritis and Nephrosis . . . . .	11	—	—	—	—	—	2	—	1	1	4	3
Hyperplasia of Prostate . . . . .	1	—	—	—	—	—	—	—	—	—	—	1
Other Diseases of the Genito-Urinary System . . . . .	22	1	—	—	—	—	1	—	—	2	6	12
Diseases of the Skin and Subcutaneous Tissue . . . . .	2	—	—	—	—	—	—	—	1	—	—	1
Diseases of the Musculoskeletal System and Connective Tissue . . . . .	9	—	—	—	—	—	—	—	2	1	3	3
Congenital Anomalies . . . . .	25	13	2	3	1	—	—	2	1	1	1	1
Birth Injury, Difficult Labour, and other Anoxic and Hypoxic Conditions . . . . .	18	18	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality . . . . .	6	6	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions . . . . .	10	1	3	—	—	1	—	—	—	—	—	5
Motor Vehicle Accidents . . . . .	33	—	—	2	3	7	3	3	3	2	7	3
All Other Accidents . . . . .	40	—	7	3	2	2	2	1	3	4	4	12
Suicide and Self-inflicted Injuries . . . . .	9	—	—	—	—	1	1	1	1	3	2	—
All Other External Causes . . . . .	8	—	1	—	2	1	2	1	—	1	—	—
TOTAL	2527	42	27	13	13	21	25	47	161	398	741	1039

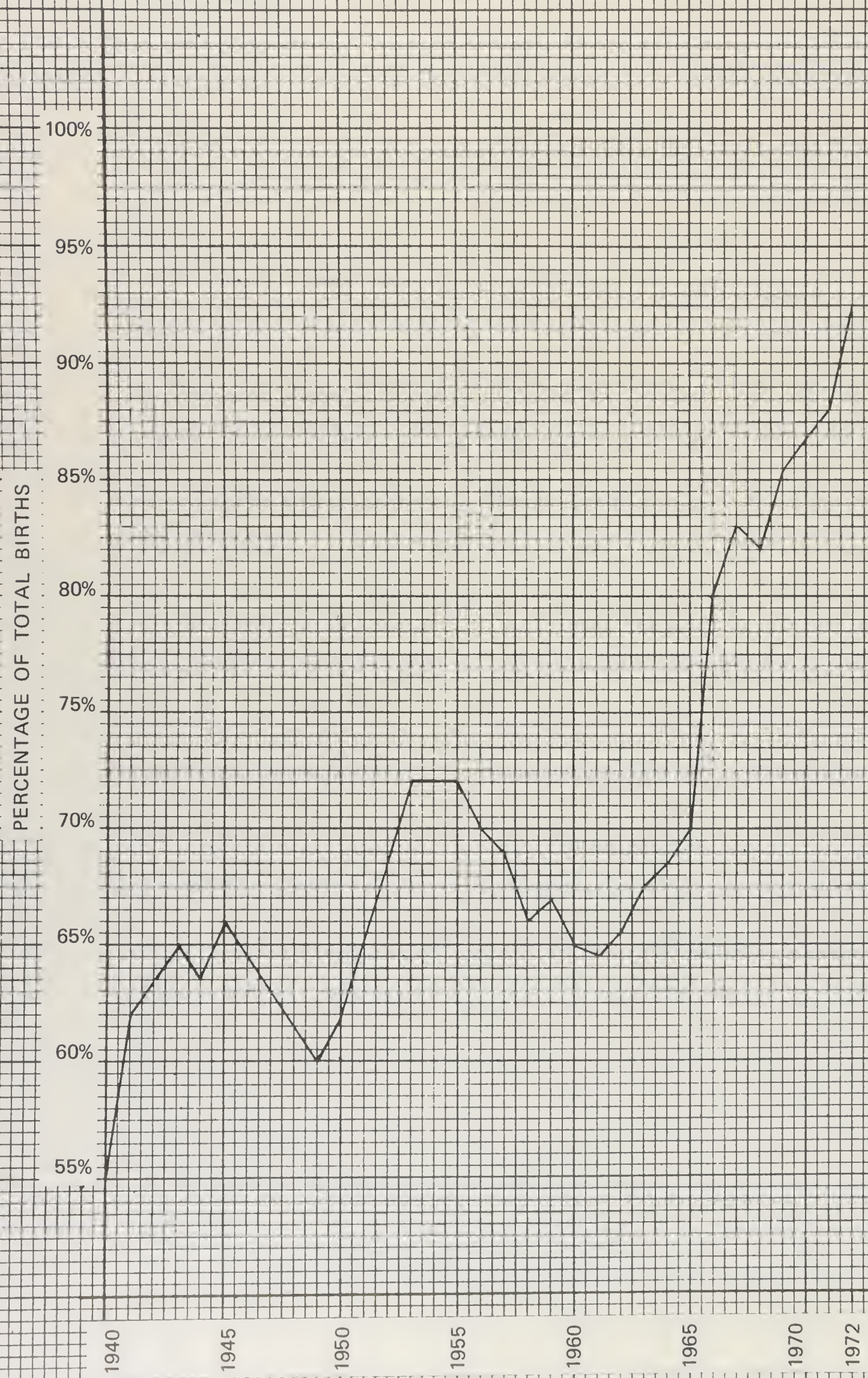


GRAPH SHOWING  
ADJUSTED BIRTH RATE PER 1000 POPULATION \_\_\_\_\_  
AND  
ADJUSTED DEATH RATE PER 1000 POPULATION - - - - -





GRAPH SHOWING  
PERCENTAGE OF BIRTHS TAKING PLACE IN HOSPITALS





GRAPH SHOWING  
MORTALITY RATES — PER 1000 LIVE BIRTHS

NO. OF CASES

60

55

50

45

40

35

30

25

20

15

4

2

0

1940

1945

1950

1955

1960

1965

1970

1972

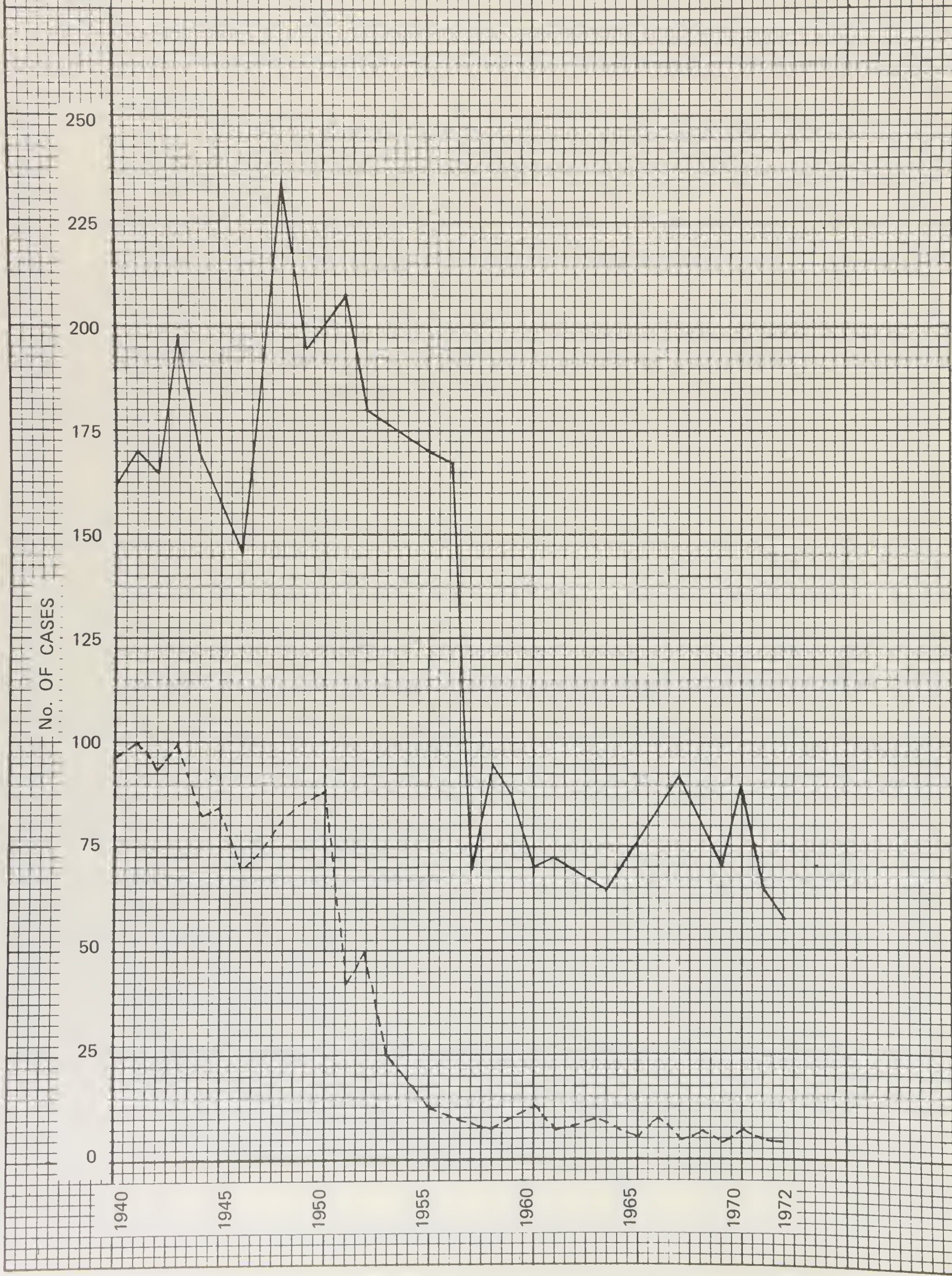
INFANTILE

MATERNAL

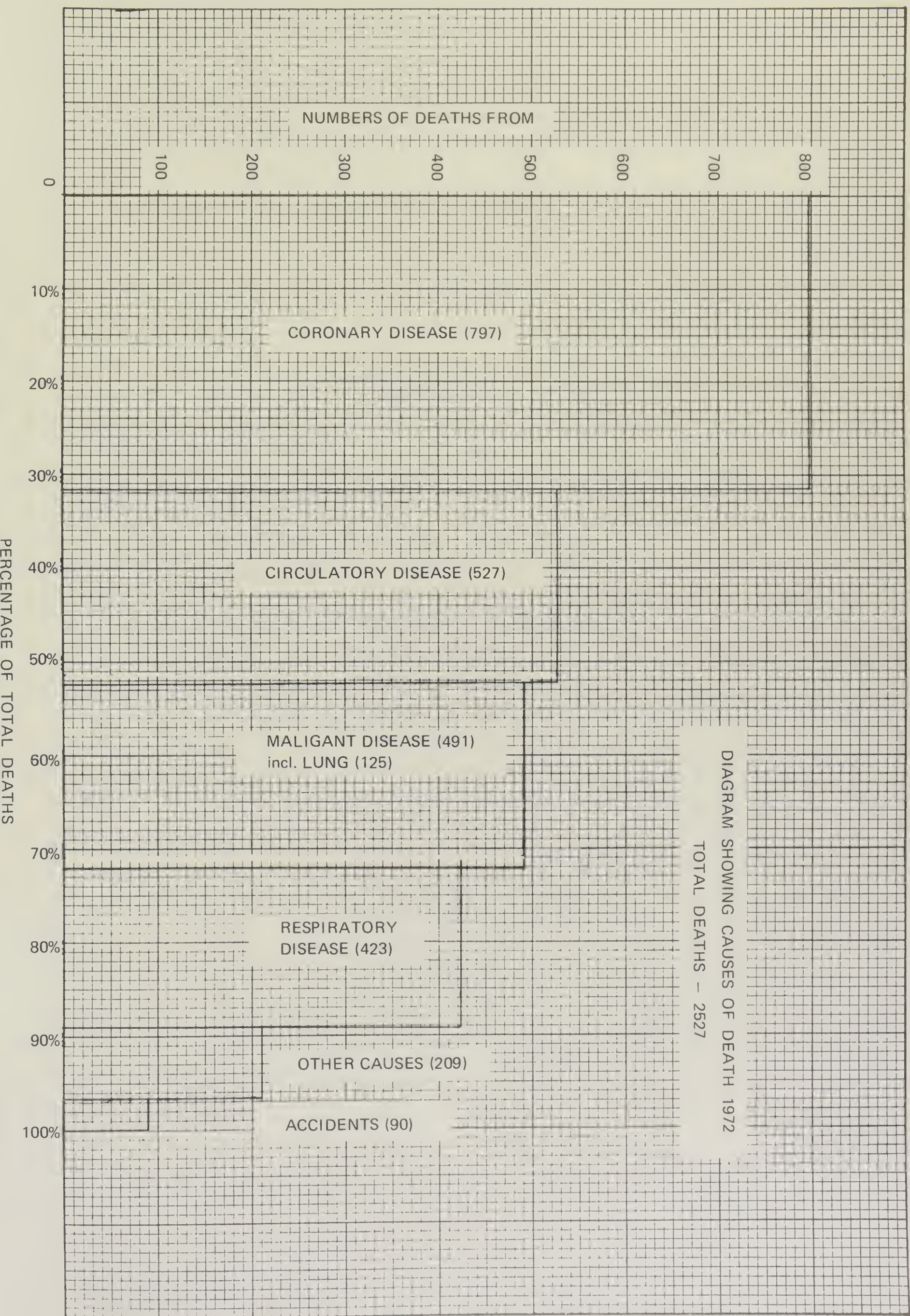


GRAPH SHOWING  
T.B. ALL FORMS

NOTIFICATION \_\_\_\_\_  
DEATHS - - - - -













# **personal health services in Derby**

**Maternity and Child Welfare  
Domiciliary Midwifery  
Health Visiting  
Welfare Foods  
Home Nursing  
Renal Dialysis  
Health Education  
Cervical Cytology  
Family Planning  
Occupational Therapy  
Chiropody Service  
Ambulance Service  
Medical Opinion**



MATERNITY AND CHILD WELFARE

MIDWIVES ROLL

This year, 117 midwives gave notice of intention to practise, of which 43 were attached to the City Hospital, 17 at the Queen Mary Maternity Home, and 30 at the Nightingale Maternity Home. 26 were in domiciliary practice, and 1 practised privately.

23 midwives left the area leaving 23 in domiciliary practice, 72 in hospitals and one practising privately.

BIRTHS

The undermentioned statistics are the numbers actually notified to me as at the end of the year and consequently they vary slightly from the details received from the Registrar General.

5223 notifications were received under the Public Health Act 1936 Section 203. Of these 3405 were live births and 49 were stillbirths relating to Derby residents.

92.43% of total births relating to residents took place in hospitals.

Hospital Confinements	Live Births	Stillbirths	Total	Booked Doctor	
				Present	Absent
Residents	3100	48	3148		
Non-residents	1727	42	1769		
Adjusted Births					
Domiciliary	305	1	306	28	278
Hospital	3070	47	3117	—	—

Medical Aid

Of 306 home confinements, medical aid was sought in 34 cases, as follows:—

Mothers			
Ante-natal	Ante-partum haemorrhage		1
	Irregular of foetal heart not heard		1
Natal	Prolonged 1st stage		4
	Breech/Abnormal presentation		1
	Maternal or foetal distress		2
	Various		2
Post-natal	Retained placenta		1
	Lacerated perineum		3
	Post-partum haemorrhage		3
	Phlebitis		1
	Various		6
Babies			
	Infection of eye, jaundice etc.		7
	Asphyxia		2

One notification of liability to be a source of infection was received.

43 notifications of death were received; 1 a non-resident maternal mortality, 24 relating to infants born to residents, and 18 infants born to non-residents in hospital.

There were 6 premature live babies born at home during the year to mothers normally resident, and 244 born in hospital, a total of 250. Premature babies born on the district weighing less than 4½ lbs. were transferred to the Premature Baby Unit.



PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature still-births	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home	
1. 2lb 3oz or less	9	6	1	1	—	—	—	—	—	—	—	—	5	—
2. Over 2lb 3oz up to and including 3lb 4oz ..	7	3	1	—	—	—	—	—	—	—	—	—	10	—
3. Over 3lb 4oz up to and including 4lb 6oz ..	46	2	1	2	—	—	—	—	1	—	—	—	9	—
4. Over 4lb 6oz up to and including 4lb 15oz ..	70	1	3	—	1	—	1	1	—	—	—	—	1	—
5. Over 4lb 15oz up to and including 5lb 8oz ..	112	2	1	2	4	—	—	—	—	—	—	—	1	—
6. Total ..	244	14	7	5	5	—	—	—	1	—	—	—	26	—

1 = 1,000g, or less, 2 = 1,001 – 1,500g, 3 = 1,501 – 2,000g, 4 = 2,001 – 2,250g, 5 = 2,251 – 2,500g.

ATTENDANCES AT ANTE-NATAL CLINICS

	SESSIONS	TOTAL ATTENDANCES
Kings Mead . . . . .	48	74
Maine Drive . . . . .	12	29
Temple House . . . . .	51	258
Group Practice Attachment . . . . .	564	4,587
Total . . . . .	675	4,948



# DOMICILIARY MIDWIFERY SERVICE

Report by Mrs. M. L. Rooney, Principal Midwifery Officer

## The Changing Pattern

As the statistics show, there has again been a reduction in the number of home confinements, and therefore a corresponding reduction in the number of ante-natal and lying-in visits. On the other hand a further increase in the number of patients transferred home before the tenth day has occurred. The work load of the domiciliary midwives has certainly not been reduced; they are no longer just ‘delivery women’ but fulfilling an increasingly active role in the health education of the pregnant woman. Even if sufficient beds were available for 100% hospital confinement, a well organised community service will still be vital, as a vast amount of ante-natal and post-natal care is undertaken outside hospital. The care of the whole family, both before and after the birth of the new baby, is the concern of the domiciliary midwives.

Of the patients visited to assess suitability for transfer home within 48 hours, 52 were considered unsuitable, either through poor home conditions or having no one to help in the home. Even so, some of these patients took their own discharge after the baby was born.

In July the Nightingale Home inaugurated a scheme for planned early transfer, but it was not until December that there was an increase in the number of patients transferred from that hospital.

## STATISTICS

	1972	1971
Home Confinements . . . . .	306	465
Ante-natal Visits . . . . .	3,925	5,980
Lying-in Visits . . . . .	6,123	7,897
Transferred from hospital before 10 days . . . . .	2,477	2,362
Visits to patients transferred from hospital . . . . .	12,494	11,531
Assessment visits for suitability for transfer within 48 hours . . . . .	1,450	1,008
Attendances at weekly Mothercraft and Relaxation Classes . . . . .	804	904

## Relaxation Classes

Classes in preparation for parenthood and relaxation are given by the midwives at Castlefields House and at two of the doctors’ surgeries where midwives are attached. 92 such sessions have been attended by a total of 175 patients.

One midwife attended the special course of instruction arranged by the College of Midwives. Ten midwives are now qualified to lead the classes.

## Group Practice Attachment

The assessment of a pilot scheme with full attachment of the nursing staff to selected groups of doctors commenced on 1st July. This involved two previously unattached midwives from whose point of view greater job satisfaction has accrued. They now work in closer co-operation with the health visitors because they know which health visitor will be visiting after the tenth day and are therefore able to discuss problems instead of passing on messages.

By the end of the year 15 midwives were attached to doctors’ practices.

## Guthrie Tests

1194 babies have been tested by the domiciliary midwives to assess the level of phenylalanine in the bloodstream. Repeat tests for slightly raised levels were carried out on 23 babies.

## Jaundiced Babies

Two babies, discharged from hospital slightly jaundiced, had to be admitted to the Children’s Hospital for treatment because the jaundice increased to a high level. Resulting from the first case, the consultant paediatrician suggested that the domiciliary midwives be supplied with icterometers, handy gadgets for estimating the degree of jaundice. These were duly ordered and issued in July. Severe jaundice may develop in any newborn child in whom the unconjugated serum bile pigment value rises above 20 mg. per cent. The normal serum bilirubin level is about 1 mg. per cent and at 3% to 4%, jaundice appears. Damage to the brain may occur if severe jaundice (kernicterus) is untreated. Using an icterometer the midwife can check whether or not the degree of jaundice is increasing.

## Training for Pupil Midwives

During the year, 33 pupil midwives have received three months training in domiciliary midwifery, with special emphasis on community health. The pupil no longer has to present six case histories from domiciliary confinements at her examination, but is required to compile three complete case studies of patients she has delivered with a follow up to the end of the neonatal period of twenty-eight days. In this sphere also both pupil and teaching midwife are more involved with the health visitor.

Four of the pupil midwives commented:—  
“We feel we have learned more about the total care of our patients from this training than is possible in the hospital situation.”

Six of the sixteen midwives approved to teach the pupils have gained recognition by the Central Midwives Board in 1972.

Miss Cox, Educational Supervisor to the Central Midwives Board, spent a day here in October assessing the programme arranged for the pupils, seeing a midwife and pupil at work in patients’ homes, and led a general discussion with the teaching midwives.

**Staff Training**

Miss Ingram, who now deputises when the Principal Midwifery Officer is away, has received Middle Management training, one midwife has attended a First Line Course, and five midwives have attended a course in Basic Management Appreciation. Three midwives attended statutory refresher courses. Mrs. Bucklow attended a post-graduate Practical Work Instructors course at Leicester. Six midwives attended a two-day symposium on Family Planning.

All the midwives attached to doctors' practices have been trained to take cervical smears and three groups of doctors now have sessions for this combined with the post-natal examinations of their patients at the surgeries. This has overcome the problem of patients failing to keep 'cytotest' appointments.

With the impending integration of the midwifery service, the domiciliary midwives have been given the opportunity to keep in touch with modern hospital procedures. Miss Ball, Midwifery Superintendent at the Derby City Hospital has co-operated in arranging a series of lunchtime forums, talks being given by consultant obstetricians, paediatricians and nursing staff, followed by discussion. Arrangements have also been made for the midwives to have experience next year of the new techniques in hospital.

**Radio Telephones**

Each midwife was issued in February with a new personal call set. The new equipment has proved much more reliable than the temporary ones, and it is so much more convenient for each midwife to have a personal set rather than sharing one between two midwives.

**Staff**

Four of the five midwives who left during the year, resigned for personal reasons, Miss Moulton, however, retired in December after working for thirty years as nurse and midwife in the Littleover area. A part-time midwife was able to accept an offer of full-time employment, and four other midwives were appointed, three of whom had previously been pupil midwives. At the end of the year there were twenty full-time midwives in post.

**HEALTH VISITING**

Report by Miss A. D. Latham, Principal Health Visitor

The Section has undergone a very stimulating and active period this year.

**Pear Tree Clinic**

On 6th January the new Pear Tree Clinic was opened by the Mayor of Derby, Councillor J. Carty. The clinic is situated in a densely populated area where a high proportion of the people are immigrants. The building of the clinic provoked a lot of interest in the local community. Three child health clinics are held weekly, and to deal with the increased volume of work a second interpreter was appointed at the beginning of March, enabling two interpreters to function at two of the child health sessions.



*Health Visitor giving health advice through an interpreter*



Various projects have been considered to try to meet the needs of the local community. In April a health education session was started for the Asian mothers organised by my Deputy, Miss D. J. Harris, who used an interpreter at each session. Very basic health education has been undertaken, the accent being on the complete understanding of the topic. In September, weekly sessions for the older people in the community commenced and attempts were made to meet their particular needs. Miss Harris organised the venture, and on alternate weeks the subject has been nutrition, with talks and demonstrations by the newly appointed Dietician Mrs. Watson. Various interesting topics such as care of feet, fabrics and winter hazards, were discussed, and often a film was used. Other speakers who have attended this group included Mr. King, Principal Home Nursing Officer; Mr. Eales, Public Health Inspector; Mr. Barron, Ambulance Station Superintendent; Mr. Sibson, who spoke on Road Safety, and Mrs. Burdon from my own section.

**Family Planning**

Family Planning has again been an important topic for the health visitor in her role as health educator. Not only did 20 members of the staff attend a two day family planning appreciation course, but also two extra family planning sessions a month have been started in the new Pear Tree Clinic. In April a domiciliary family planning scheme was commenced, nonetheless staff have been very selective about using this service and it has been reserved for mothers who find it impossible to attend the family planning clinic or to go to their general practitioner by reason of having several children under the age of five years, or of a low state of health inducing a state of apathy. By the end of the year 20 people had been referred for this advice.

**Group Practice Attachment**

The 1st July saw the start of several pilot schemes of full attachment of health visitors, home nurses and midwives to general practitioner's groups. For the health visitor this has meant being involved with families on the general practitioner's lists instead of being confined to a geographical area. The pilot schemes were set up to quantify the number of staff who would be needed to implement this system throughout the Borough, to see if the quality of patient care was improved, and whether staff obtained a greater degree of satisfaction in their work. As long ago as 1956, a working party on the role of the health visitor stated that she was responsible for health education and social advice to the whole family. Now closer liaison with the general practitioner has given her a better opportunity to extend her sphere of work to cover people in the age range 5 to 65 years.

In December a child health clinic was started in a general practitioner's surgery. The health visitor who runs the clinic is attached to the group of general practitioners, and it is hoped to establish a routine of regular developmental assessment of the children in the practice, and to undertake a routine hearing assessment of all babies at the appropriate age.

**Nurseries and Child Minders**

During the first half of the year the administration of the play groups and child minders section was undertaken by Mrs. Saxby, health visitor, who had very ably carried out this work since the implementation of the Public Health and Health Services Act of 1968. She had developed the service and was a great source of help and support to the play group leaders and child minders. The Social Services Act of 1970 however, transferred the responsibility for play groups and child minders to the Social Services Department, but we continued to carry out a caretaker function for them until 30th June this year. Many enquiries are still received from the general public regarding the service, which are dealt with either by liaison with the Social Services Department or by direct referral to them.

**Hearing Assessment**

With the co-operation of the headmaster and staff of the School for the Deaf it was possible in November to commence short courses for health visiting staff instructing them in the screening of babies and young children under the age of five years, to ascertain any hearing loss. These simple tests make it possible for children suspected of hearing loss to be discovered as early as 7 months of age, after which they can be followed through and if proved to have a hearing loss can be referred for treatment, and for special education if required.

**Health Visiting Topics**

Health education to groups has been undertaken by health visitors on many topics including cytology and breast examination, venereal disease, family planning, child development and infectious diseases, as well as mothercraft courses in schools.

Although the health visiting staff position is still below establishment, one full time and two part time health visitors have been recruited during the year due to the fact that their husbands moved into the area to work. The main method of recruitment is still the selection of suitable State Registered Nurses and sponsoring them to undertake their training at local health visitor training schools.

Staff have attended paediatric and diabetic clinics, and accompanied consultants on their rounds. Liaison with the Manor Hospital has continued and health visitors have followed up patients at their homes following discharge, both in order to prevent further deterioration in the condition of the elderly patient which might necessitate re-admission to hospital, and to try to relieve pressure on the family who are caring for their relative.

A planned programme of in-service training consisting of tapes, slides, films and discussions on topic relevant to the health visitor's work has progressed. Two members of staff have attended Middle Management Courses and 12 others have attended First Line Management or Management Appreciation Courses.

7632 children under 5 years of age attended the 16 child health clinics yielding a total of 43,834 attendances. 1,836 babies were placed on the at-risk register and staff kept these children under observation.

During the first quarter of the year staff were very involved in the control of infection. Miss Tyerman, the health visitor in charge of the control of infection within the section, was assisted by other members of staff in visiting cases, following up contacts and advising regarding preventing the spread of infection.

STATISTICS – VISITS BY HEALTH VISITING STAFF 1972

CHILD WELFARE	
Children born in 1972 . . . . .	11820
Children born in 1967 to 1971 . . . . .	22376
OVER 65	
Persons aged 65 or over . . . . .	1046
First visits at the special request of G.P. or hospital . . . . .	234
MENTAL DISORDERS	
First visits to mentally disordered persons . . . . .	318
First visits at the special request of G.P. or hospital . . . . .	36
TUBERCULOUS HOUSEHOLDS . . . . .	9
INFECTIOUS HOUSEHOLDS	
First visits . . . . .	210
Subsequent visits . . . . .	1303
OTHER VISITS	
including Cytology, Immunisation and Vaccination defaulters and family planning visits . . . . .	4668
OTHER PUBLIC HEALTH WORK	
ASSISTING AT	
Cytology Clinics . . . . .	93
Diabetic Clinics . . . . .	50
HOSPITAL VISITS	
Geriatric . . . . .	28
Diabetic . . . . .	45
Paediatric . . . . .	50
GROUP PRACTICE LIAISON	
Visits to Surgeries . . . . .	833
Number of Students, Trainees, Social Workers accompanying staff on district and at clinics . . . . .	251
MISCELLANEOUS VISITS	
ATTENDANCES	
Case conferences and meetings . . . . .	139
Psychiatric lectures, staff . . . . .	6
Premature Baby Unit and Physically Handicapped Centre D.R.I. . . . .	4
Manor Hospital . . . . .	2
F.P.A. Appreciation Course . . . . .	20
HEALTH EDUCATION	
Talks to expectant mothers, students, school children and various clubs (including slide and film showings) . . . . .	128
Talks and use of filmstrips in Child Health Centres	Groups . . . . . 391
	Attendance . . . . . 1899
USE OF INTERPRETER	
Clinic Sessions . . . . .	330
Home Visiting Sessions . . . . .	48



Analysis of Congenital Defects found in 127 Children  
(Note: some children have more than one defect)

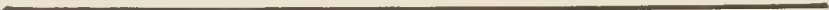
		1972 Births		1971 Births	
		Still	Live	Still	Live
0	CENTRAL NERVOUS SYSTEM				
	.1 Anencephalus . . . . .	6	1	12	2
	.8 Spina bifida . . . . .	—	8	1	9
	.4 Hydrocephalus . . . . .	—	5	2	4
	.5 Microcephalus . . . . .	—	—	1	—
	.6 Other specified malformations of brain or spinal cord . . . . .	—	—	1	2
	.9 Unspecified malformations of brain, spinal cord and nervous system . . . . .	—	—	—	—
1	EYE AND EAR				
	.1 Anophthalmos and microphthalmos . . . . .	—	—	—	—
	.3 Cataract and corneal opacity . . . . .	—	1	—	—
	.2 Other specified malformations of eye . . . . .	—	—	—	—
	.0 Unspecified malformation of eye . . . . .	—	—	—	—
	.8 Accessory auricle . . . . .	—	—	—	—
	.9 Other specified malformations of ear . . . . .	—	—	—	—
	.6 Unspecified malformations of ear . . . . .	—	2	—	2
2	ALIMENTARY SYSTEM				
	.1 Cleft lip . . . . .	—	4	—	3
	.2 Cleft palate . . . . .	—	3	—	2
	.6 Malformations of Tongue . . . . .	—	1	—	—
	.4 Tracheo-oesophageal fistula, oesophageal atresia and stenosis . . . . .	—	—	—	—
	.3 Hiatus hernia . . . . .	—	—	—	—
	.7 Rectal and anal atresia and stenosis . . . . .	—	—	—	1
	.9 Other specified malformation of alimentary system . . . . .	—	3	—	—
	.0 Unspecified malformations of alimentary system . . . . .	—	—	—	1
3	HEART AND CIRCULATORY SYSTEM				
	.9 Specified malformations of heart and circulatory system. . . . .	—	2	—	3
	.0 Unspecified malformations of heart and circulatory system . . . . .	—	7	—	6
4	RESPIRATORY SYSTEM				
	.1 Malformation of nose . . . . .	—	—	—	—
	.9 Other specified malformation of respiratory system. . . . .	—	15	—	6
	.0 Unspecified malformations of respiratory system . . . . .	—	—	—	—
	.7 Malformation of diaphragm. . . . .	—	—	—	—
5	URINO-GENITAL SYSTEM				
	.1 Indeterminate sex and true hermaphroditism . . . . .	—	—	—	1
	.7 Hypospadias epispadias . . . . .	—	7	—	3
	.2 Undescended testicle . . . . .	—	4	—	2
	.4 Malformation of male external genitalia. . . . .	—	1	—	—
	.3 Hydrocele . . . . .	—	1	—	2
	.5 Malformations of female vagina and external genitalia . . . . .	—	3	—	—
	.6 Extrophy of bladder . . . . .	—	—	—	1
	.9 Other specified malformation of urino-genital organs . . . . . (includes pseudohermaphroditism) . . . . .	—	5	—	1
	.0 Unspecified malformation of urino-genital organs . . . . .	—	—	—	1
6	LIMBS				
	.0 Polydactyly . . . . .	—	4	—	6
	.1 Syndactyly . . . . .	—	2	—	7
	.2 Reduction deformity hand or arm . . . . .	—	1	—	1
	.3 Reduction deformity leg or foot . . . . .	—	2	—	—
	.4 Unspecified reduction deformity of limbs . . . . .	—	—	—	—
	.5 Talipes . . . . .	—	8	2	12
	.6 Congenital dislocation of hip . . . . .	—	3	—	8
	.7 Other specified malformations of upper limb or shoulder . . . . .	—	—	—	—
	.8 Other specified malformations of leg or pelvis . . . . .	—	—	—	—
	.9 Unspecified limb malformation . . . . .	—	5	—	2
7	OTHER PARTS OF MUSCULO-SKELETAL SYSTEM				
	.1 Malformations of skull or face bones . . . . .	—	2	—	—
	.2 Malformations of spine — scoliosis curvature — lordosis, not otherwise stated . . . . .	—	1	—	1
	.5 Chondrodystrophy . . . . .	—	—	—	—
	.4 Malformation of sternum and ribs . . . . .	—	—	—	—
	.0 Other malformations of musculo-skeletal system . . . . . (including congenital hernias except hiatus hernia)	—	9	—	17
8	OTHER SYSTEMS				
	.0 Bronchial cleft, cyst or fistula; pre-auricular sinus . . . . .	—	—	—	—
	.1 Other malformations of face and neck . . . . .	—	1	—	—
	.9 Exomphalos, omphalocele (excluding umbilica hernia) . . . . .	—	1	—	2
	.2 Other unspecified malformations of muscles, skin and fascia. . . . .	—	8	—	9
	.3 Pigmented naevus . . . . .	—	2	—	3
	.4 Other specified malformations of skin including ichthyosis congenita . . . . .	—	2	—	1
	.5 Specified malformations of hair, nails, teeth . . . . .	—	—	—	—
	.6 Unspecified malformations of hair, nails or teeth . . . . .	—	—	—	—
9	OTHER MALFORMATIONS				
	.0 Other and unspecified congenital malformations. . . . .	—	9	—	8
	.9 Multiple congenital malformations not specified. . . . .	—	—	—	1
	.4 Conjoined twins . . . . .	—	—	—	—
	.3 Other monster (include cyclops) . . . . .	—	—	—	—
	.6 Downs syndrome (mongolism) . . . . .	—	5	—	6
	.5 Other Syndromes specified due to chromosomal abnormality . . . . .	—	—	—	—
	.8 Other specified syndromes . . . . .	—	—	—	—

Children of Pre-School Age

Routine medical inspection was carried out in 674 children of two, three and four years of age, 55 of whom were referred for treatment and 198 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 214. In addition, 45 re-inspections and 110 special examinations were made.

Statement of cases, showing the numbers of children of pre-school age referred to the various clinics:—

Orthopaedic Clinic . . . . .	44
Dental Clinic . . . . .	259
Child Guidance Clinic . . . . .	37
Aural Clinic . . . . .	17
Speech Clinic . . . . .	19



WELFARE FOOD SERVICE

Following the discontinuing by the government of the issue of orange juice as a welfare food at the end of 1971, issues continued until all stocks were exhausted at the end of September, 1972.

The trend of declining issues of full-cream and half-cream national dried milk has continued.

The popularity of the vitamins A.D. & C has been maintained in the first full year of availability, with 10,805 bottles being issued.

During the year the new A.D. & C. tablet was introduced to replace the former preparation containing Vitamin A and D only. Combined figures for the two types of tablet reveal a 25% decrease in issues compared with the 1971 figures though the picture may change as the new product is accepted more generally.

The figures showing the use made by the public of Pear Tree Clinic as a distributing point are again most encouraging. I must express my thanks to MacFisheries Ltd. for continuing to provide facilities for distribution at their foodmarket in Main Centre.

Sales from Distribution Centres during 1972

Distribution Point	N.D.M. Full Cream	N.D.M. Half Cream	A.D.C. Drops	A.D.C. Tablets	Orange Juice
MacFisheries Food Centre . . . . .	7396	401	2399	1979	11286
Temple House . . . . .	177	—	171	64	227
Boulton Clinic . . . . .	993	13	564	277	1163
Nightingale Clinic . . . . .	449	5	189	70	774
Pear Tree Clinic . . . . .	5498	90	1026	91	451
Normanton Clinic . . . . .	143	3	532	159	768
Roe Farm Clinic . . . . .	686	14	516	99	707
Ryknelde Clinic . . . . .	165	1	254	138	436
Kings Mead Clinic . . . . .	235	2	290	64	633
Mackworth Clinic . . . . .	238	4	221	75	368
City Hospital . . . . .	—	—	—	275	673
Allestree Clinic . . . . .	84	1	1152	179	1225
Chaddesden Clinic . . . . .	543	8	896	202	1418
Chellaston Clinic . . . . .	55	—	211	113	614
Mickleover Clinic . . . . .	446	6	1031	352	1227
Spondon Clinic . . . . .	451	6	718	101	1642
Littleover Clinic . . . . .	50	2	251	114	838
Sinfin Clinic . . . . .	288	1	353	35	378
Derby Co-op Society, Blagreaves Lane	364	—	31	16	1057
1972 Totals . . . . .	18261	557	10805	4403	25885
Comparative Totals for 1971 . . . . .	19644	915	7900	5750	66521



HOME NURSING SERVICE

Report by Mr. N. G. King, Principal Home Nursing Officer

Pilot Scheme for Group Attachment

This year has been a milestone toward the implementation of a true home nursing service, with the advent of a pilot scheme for the attachment of local authority nursing staff to General Practitioners practices. The accepted definition of attachment is:—

“A formal arrangement by which a health visitor, home nurse and midwife be responsible for providing services to persons on the lists of specified general practitioners to which she is attached and with whom she has regular consultation.”

This means that in those practices concerned, traditional geographical districts have been given up. A nurse may be attached to more than one practitioner or group, dependant on the amount and type of work in a practice. It was felt that attachment was far superior than liaison with a practice where a nurse is responsible both for a traditional geographical district, and at the same time for formal arrangement for contact between the nurse and specified general practitioners.

In preparation for the pilot scheme, the Executive Council were approached with the request for suitable practices to be nominated to take part. This was declined, so the working party selected a cross-section of practices, one five-member practice, two three-member practices and two single-handed practices. Two State-Registered nurses were attached to the group of five doctors and a single-man practice. Two more were attached to the two three-doctor groups and a single-man practice. A State-Enrolled nurse acted as relief for off duty and holidays. This deployment pertained for the six months of the pilot scheme, evaluation of which showed that it had been well-received by the doctors participating, the nursing staff attached, and the patient, who should remain the first consideration. As the six month period of the pilot scheme progressed it was realised that the work force would need to be increased to six nurses, and it is hoped to expand this scheme as staffing levels allow.

Approximately one eighth of the Borough population are on the lists of these selected practices, which would appear to show that a minimum of 48 home nursing staff would be required to adequately cover all practices which is considerably less than the recommended ratio of one home nurse to 2,500 head of population.

HOME NURSING STATISTICS

	1972	1971
Patients nursed	3826	3593
Visits to patients	138225	133401
Nursing equipment items issued on free loan	1877	1722



Home Nurse Preparing Injection



## Night Nursing Service

It was agreed in March 1972 by the Health Committee that the Department should be allowed to participate in the Day and Night Nursing Service and Area Welfare Grants Scheme of the Marie Curie Memorial Foundation. This scheme is designed to assist the relatives of patients suffering from cancer, to obtain adequate rest periods from the responsibilities of nursing, in addition to caring for those who live alone.

The Foundation advertises locally for qualified and trained nurses and women with some nursing experience. They obtain references and confirm nursing qualifications. The completed files are then forwarded to the nominated person in the local authority for personal interviews.

Requests for help for cancer patients are made via General Practitioners, Nursing Staff, Hospital Medico-Social Workers, etc., and the agent, being satisfied that the conditions are fulfilled, can arrange for the necessary care to be given. The specified rate for the care is paid by the local authority, and is reclaimed quarterly from the Foundation. The Foundation also have a number of residential homes for the care of cancer patients, and application can be made for admission in certain cases.

Having now completed the first three months of the Corporation's participation in this Scheme and witnessed the benefit to the patient, especially in the terminal stages of the illness, and also to the relatives caring for the patient, one can appreciate what a boon a fully comprehensive service would be where all illness could have this care, not solely cancer sufferers. The home nurses having the care of these patients are increasingly aware of gaps in the total patient care, which the Foundation's nurses are helping to fill.

## RENAL DIALYSIS

Report by Mr. J. F. Harding, Administration Officer

At the time of writing, twelve patients have been assisted by the department, including two young children who have received treatment at a London hospital.

The use of Portakabins (PK16) described in the 1971 report have met satisfactorily the majority of requests for assistance and allowed the families to continue to live in their own homes and localities with minimal disruption of family life.

In the case of the two children, the Council has arranged for extensions to be made to their parents' homes which will provide adequate treatment areas and also ensure that the children are not isolated from the normal home activities.

The multi disciplinary teams which have been established over the past two years to tackle this task have gained considerable experience in coping with the physical, mental and social needs of patients undergoing this form of treatment in their own homes. The Patient Services Committee of the Area Joint Liaison Committee has been advised of the excellent working relationship which has been built up between staff of the Local Authority and the Hospital Service and it is hoped that this can be retained both before and after Local Government and National Health Service reorganisation.

In 1971 brief reference was made to the decision which the Health Committee had made to recruit a State Registered Nurse to help patients who, for one reason or another, were unable to be assisted by either their partner or parents. Unfortunately, although the response to the advertisements for this post were encouraging, it has not been found possible to date to find a suitable applicant, who, after a full discussion of the work involved (including the risk of hepatitis) would accept the post. It is sad that this situation should have occurred and particularly so, as the inability of either the hospital or the Local Authority to provide relief assistance to one patient has led to an approach by relatives to a local Member of Parliament. It is perhaps ironical that such a state of affairs should occur in an area in which the Health Committee had the foresight to recognise the demands made upon families by this form of treatment but undoubtedly the experience gained in overcoming this problem in Derby may well prove helpful to other Authorities in the long term.



# HEALTH EDUCATION

Report by Mr. R. L. Carabine, Health Education Officer

## SETTING UP THE SERVICE

It has been said that the business of health education lies in the modification of attitudes and behaviour in relation to health hazards. As a formerly practising community medical social worker I find this definition a most acceptable one within which to undertake health education.

The decision to establish a health education unit within the department was made early in 1971, it being apparent from the experience of the department that a developmental need existed. My appointment became effective as from 1st January, 1972 and it is therefore possible to review a year's work.

### The Role of the Health Educator

Discussion with the Medical Officer of Health indicated that my role was to be that of an organiser, a catalyst, and a supporter of professional colleagues; therefore it was agreed that the formation of an ad hoc Working Party to consider initial development was advisable. This Working Party, representative of several disciplines, had its first meeting on 19th January, and subsequently met on several further occasions. We were most fortunate in having the guidance of the Health Education Council in the person of Miss A. Birkitt, Assistant Director of Training, whose knowledge contributed greatly to our decisions. I was grateful too, for the encouragement and interest taken in our project by Miss M. Newens, Research Assistant, School of Community Medicine, University of Nottingham. The discussions of the Working Party led to an agreed policy which, whilst taking account of the needs of the whole community, recognised certain priorities. The three areas defined for the initial development of health education were seen to be the schools and other educational institutions, general medical practice, and the community based organisations. In general terms our policy is in accord with the views of the World Health Organisation which considers health education to have an important role in "assisting the individual, in the development and use of the health services, and in the encouragement of health as a valued community asset".

Operationally I have ventured to see four lines of approach in developing a programme of health education:—

1. Encouragement of positive health
2. Primary prevention of ill health
3. Secondary prevention
4. Tertiary prevention

The first of these would obviously have its main application amongst the younger element of the community, the second with those who by reason of age, sex, and other factors may be regarded as at risk, the third with those whose ill health may be retarded and the fourth with the handicapped/disabled who may be assisted to live more fully with their disability. Effort in this first year has been principally directed at the first two categories, and bearing in mind the directive given to me I have sought to organise the foundations of a programme within the schools, general medical practice, and the community.

### Schools and Colleges

Discussions with head and senior teaching staff have taken place and a variety of problems, needs, and methods considered. Teaching staff of several secondary schools have visited the Resource Centre, established in the department, to evaluate material available, i.e. to view and discuss films and other audio-visual aids. Considerable use has been made of health education material by these schools and their requests and suggestions have greatly aided the structuring of our resources.

Hygiene, child care and development, drugs, smoking, sexual development, and venereal disease have been the most commonly raised subjects, and most encouragingly these have been seen against a wider and deeper background. Discussions with the Curriculum Development Officer and the Home Economics Adviser at the central Education Offices have been encouraging and will be continued. The link with secondary education is steadily developing and it is hoped to extend this to the primary and junior schools during 1973.

It is appropriate that I acknowledge the wise guidance and ready assistance given by Mr. Gresham Taylor, Deputy Director of Education, and the technical assistance and advice of the Audio-Visual Aids section of the Education Department, to whom I am most grateful.

In passing it is worth mentioning that in this educational area, it has been possible to aid those responsible for the handicapped child thus involving the fourth of the "lines of approach" mentioned earlier, though "Tertiary Prevention" is hardly the term I would choose to use in this instance.

### General Medical Practice

Long and frequent personal contact with General Practice as a former medical social worker enabled useful discussions with doctors early in the year. In co-operation with a Group Practice who undertook to compile an age/sex register it was possible to devise a specific programme of cervical cytology testing. Women age 35, and over, are now being approached directly by means of a 'personal' letter signed jointly by a General Practitioner and the Medical Officer of Health. This individual approach has been highly successful in persuading women to take the simple and painless test. At the time of writing a response rate of almost 100% is being achieved, those few failing to respond being successfully followed up by the attached health visitor.

This simple aid, the age/sex register, has manifold advantages to offer to the General Practitioner. I am assured by this particular practice team that immunisation, infant developmental tests, and the selective home visiting of aged patients by the health visitor, have all become comparatively easy to organise. That there are further possibilities for its use I do not doubt, but for the moment I am prepared to sing its praises on its proven value and discussions are now being held with a further Group Practice.



The appointment within the department of a dietician, though at this moment on a part time basis, has also enabled interesting work to be done in general practice. By mutual arrangement Mrs. Watson now visits three Group Practices on alternate weekly occasions, she is thus being used by twelve doctors to advise and guide patients. This dietetic counselling of patients at risk is work in the field of both primary and secondary prevention; it is health education at a level where it is urgently required. Reports from the practice teams involved are enthusiastic, and should it be possible to extend her appointment to full time, her deployment over a wide area will be most effective. Her further work in association with the health visitors is referred to in the report of the Principal Health Visitor.

To conclude this section, I have not the slightest doubt that there is tremendous scope for health education in General Medical Practice and the increasing attachment of the Health Visitor to surgeries will assure the G.P. of the skilled physical aid he needs in order to devote greater effort to this aspect of his work.

## **The Community**

Work in the community has followed familiar lines and we have sought to utilise 'Opinion Leaders' in organisations such as Townswomen's Guilds, Social Clubs, Youth Groups, Voluntary Societies etc. The request for speakers to address these groups has been encouraging and bookings are now being made far into 1973. The misuse of drugs has, perhaps inevitably, been the subject of greatest interest to such groups but a variety of health aspects are now being requested for future occasions.

The dissemination of information to the general public has also received consideration, and the 'outlet' points set up have revealed considerable public interest which, it is encouraging to note, is most selective.

The "take up" of a very wide range of booklets, pamphlets, and leaflets, has been excellent, for example at the Central Lending Library a particularly consistent demand for information dealing with child development, dietary needs, care of the aged, food hygiene, and venereal disease, has become obvious over a period of time. Drawing conclusions from such an empirical exercise is obviously a risky business, but it does strongly suggest a need for authoritative information. Obviously the presentation of material has some effect on its popular appeal, the demand for information on human development and growth may well be due, in part, to the quality of the Health Education Council's production "How We Grow Up" which is surely one of the most effective booklets ever produced on the subject.

Cervical cytology testing has naturally been an important part of our community work. A direct approach to all the women's organisations, and a press campaign early in the Spring brought satisfactory results. A noteworthy feature has been the success of the Domiciliary Nursing Service in both factories and the home. Teaching women methods of self examination of the breast has also been an important aspect of this work, which, when undertaken in places of employment requires considerable organising expertise. The fact that this has been done effectively and that our relationship with the employers remains excellent speaks for itself.

## **Resource Centre**

The need for a 'Resource Centre' within the department was recognised as a priority and the appointment of Mrs. T. Kingham, as an assistant to me, enabled steady progress to be made. This has involved considerable work both in viewing and selecting material in order that we have available for health educators a centre of information capable of providing subject material applicable to a wide variety of needs and sections of the community. The frontispiece portrays a portion of this centre.

The acquisition of audio-visual material, much of it expensive, has required that we learn something of the technical developments in this area, and though the department is now equipped with the basic tools the purchase of particular items has been delayed pending further enquiries.

Throughout the year we have been able to present regular film sessions which have been attended by teachers, social workers, voluntary workers and our departmental professional staffs. A growing library of films, film strips, slides and tape recordings is now being developed, the need for such a library at grass root level providing instant availability has been clearly demonstrated and every effort will be made to extend this in 1973.

Within the department it has been possible to arrange one or two supportive training events. A highly successful two day course on family planning, provided by the Family Planning Association, was attended by health visiting, midwifery, nursing and social work staff. Dr. C. Murray Parkes, Tavistock Institute of Human Relations, presented a most interesting paper on "The Effects of Bereavement" to a mainly domiciliary nursing audience, and at a later date Dr. B. Nichols of Unilever Ltd., lectured on "Diet and Heart Disease", to a mixed professional group.

On a personal note, I would wish to express my appreciation for the many opportunities provided to enable me to attend a variety of meetings on aspects of health education, visit other health authorities, and to partake in the Health Education Council's four day seminar at York University. I am grateful to the Health Committee and to colleagues for the support they have provided throughout this first and most interesting year.



CERVICAL CYTOLOGY CLINIC

Report by Miss A. D. Latham, Principal Health Visitor

The Cytology Clinic has continued to function twice weekly at Temple House, Mill Hill Lane. The sympathetic approach of the staff helps to put clients at ease in what is a very emotive situation, and the health visitor discusses with the women their fears and worries regarding cervical and other cancers, and also shows a film to new attenders which demonstrates the technique of self breast examination for the early detection of cancerous growth.

A campaign was undertaken in the early part of the year to stimulate interest in the cytology test, taking the form of a write-up on the women’s page of the local paper and the distribution of leaflets in public places. It yielded a good response from people in the vulnerable 35-60 age group who remain the most difficult group to contact because they are coming to the end of and beyond their child bearing years, and are therefore not as likely to be in touch with the health visitor.

There have been many requests from women’s daytime and evening groups for talks on cervical cytology, which the health visitors have willingly undertaken, and on these occasions the self-examination of the breast film has also been shown.

In January the National Recall System commenced, which related to women aged 35 years and over who had had the test 5 years previously. The information came from a central control unit in Southport, and it was hoped that by this means it would be possible to follow-up women even if they had removed to another area. Inevitably there have been many snags to overcome and this has involved much additional clerical work. Derby’s recall system for 18-35 year old women who had a test five years ago has also been continued with. Although the total number of recalls is slightly lower than in 1971, it should be noted that 1967, the year in which these people had their primary smears, contained the lowest total of smears taken since 1965. It is hoped that this regular surveillance will eventually eradicate cervical cancer.

Cytology Clinic Statistics

Year	First Smears	Repeats	Special Repeats	5-Yearly Repeats		Totals	Positive Smears	Probable Positives
				National Recalls	Under 35 years			
1965	1783	—	82	—	—	1865	13	—
1966	1163	1258	71	—	—	2492	18	—
1967	727	806	94	—	—	1627	10	—
1968	1680	728	164	—	—	2572	11	2
1969	1763	—	329	—	—	2092	16	—
1970	1686	—	228	—	294	2208	5	3
1971	817	—	216	—	1602*	2635	6	2
1972	537	145	172	1,018	291	2163	5	—

\* All ages

DOMICILIARY CERVICAL CYTOLOGY

Report by Mr. N. G. King, Principal Home Nursing Officer

There has been a considerable increase in the number of cervical smears taken in factories this year. The Health Education Section have made a special effort to publicise the service locally and many more factories are taking advantage of the scheme. In one factory where 69 smears were taken, 52 of them were first smears, most of them from women in the vulnerable age groups. These figures prove the importance of taking the service to them.

From the General Post Office where annual visits are now made for five-yearly repeat smears and for new employees, one of the personnel officers moved to a firm with a large percentage of female employees. This lady soon put the wheels in motion to have cytology sessions for her new employees, and arrangements are now in hand to comply with this request.

When visiting factories, every effort is made to conduct the sessions with the minimum loss of working time. Two home nurses attend and an appointment system operates. Opportunity is also taken to demonstrate the technique of self breast examination and simple explanatory leaflets are given out. Assurance is given that all information given on the cytology form is confidential. It has been found that many more women will come forward after the first session. There is no place like a factory shop floor for spreading information. The test is quick and simple. The home nurses are helpful and friendly and the women respond by coming forward to make an appointment. There are now a number of factories where annual visits are made and hope eventually to have many more.

The demand for domiciliary visits remains fairly constant. Approximately one third of the requests are for first smears, the remainder special or five-yearly repeats. Women are encouraged to have the test and the home nurses patiently arrange mutually convenient times. There is still however a long way to go before all women have regular smear tests and thus by early detection prevent carcinoma of the cervix.

	First Smears	Repeat Smears
Domiciliary	91	202
Factories	285	210



# THE FAMILY PLANNING ASSOCIATION

Report by Ronald Bramer, D.F.C., Administrator, North Midlands Branch

The Borough continued to operate the National Family Planning Agency Scheme under which patients do not pay fees for contraceptive advice but pay only for supplies, medical cases being free of all charges.

During the year, the Pear Tree Clinic moved from the Community Centre to the new Health Clinic and this resulted in a greatly improved service.

The Kings Mead Clinic had 5,667 patient visits, including 939 new patients at 397 sessions and Pear Tree Clinic, 317 patient visits, including 157 new patients at 30 sessions. This represented a 9% increase in visits, a 23% increase in new patients and an 11% increase in sessions.

A domiciliary family planning service was started in March, also under the National Family Planning Agency Scheme. Eighteen cases were visited and it is hoped to extend the service in 1973.

Cervical smears were taken from all patients but only one was positive.

## OCCUPATIONAL THERAPY UNIT

Report by Mrs. E. M. Bentley, Occupational Therapist/Rehabilitation Officer

The motivating idea of the Occupational Therapy Unit is to enable each patient to become a contributor rather than a liability to the community in which he or she lives, with the consequent need for the staff to keep abreast of modern trends in order to expand the contribution to this end. All treatment must have an aim. It is not sufficient to work on the assumption that any occupation is better than nothing at all; there must be purposeful direction to ensure that the activities being used are correct for their particular disability.

During the year, six patients have so benefitted by the treatment that they have been able to return to full employment, and although this figure may not appear to be a dramatic one, we have to accept that the way to rehabilitation is slow and often difficult. Four of these six patients had been suffering from long term disabilities, and the process of adjusting to the changing pattern of living presented a big problem for them. In addition to the personal morale boost and improved financial circumstances of those who are able to return to work, there is also advantage to the community of the saving of social security benefits paid to the patients during their periods of disability.

One patient, a 44 year old bricklayer, recovered sufficiently to resume employment. He had been referred to the Unit early last year suffering from bronchitis and a cardiac condition, leaving him depressed and bored. Regular home visits were made for functional assessment and in May, 1971, he commenced attending the Unit. After a few visits he became more cheerful, working and mixing well with the other patients. He was anxious to attempt any kind of work, though care was exercised to ensure that work given was dust free so as not to aggravate his chest condition. In December, 1971, he was given a place at the Industrial Rehabilitation Unit for training in an alternative skill as he was unable to return to his former occupation. Although the Industrial Rehabilitation Unit report was excellent, his physical disability made employment difficult to find and again he became despondent about his future. He returned to the Occupational Therapy Unit where he was given work that kept him fully occupied both physically and mentally, and he derived a great deal of satisfaction in his achievements. Finally in November, 1972, he managed to obtain employment as a storekeeper, much to his great delight. His letter of appreciation to the Unit staff for the assistance he had been given during the eighteen months of his rehabilitation has helped the morale of other patients considerably.

*Occupational Therapy — Renovated Antique Chair*





Another successful case was that of a 38 year old patient with a left hemiplegia, who had been referred by his general practitioner. Previously employed as a french polisher, he was married with one daughter aged ten. He had a pleasant personality and many friends, but the usual pattern of anxiety about his future was present. He was receiving physiotherapy twice weekly and it was decided to add home visits and also treatment at the Unit from December, 1971, to encourage movement in his left hand and shoulder, and by February this year he was making good progress both physically and psychologically, so much so that in April, Dr. Cochrane arranged for him to attend at the Derbyshire Royal Infirmary Workshop daily for more intensive treatment. Although he has not made a complete recovery to date, he became well enough to accept an offer from his former employers of a job as a storekeeper.

Rehabilitation of female patients often includes homecraft, and as Christmas approached eight of them were able to make, bake, and decorate their own cakes as part of their domestic rehabilitation programme. The part-time Occupational Therapist, Mrs. Keeling, gives valued assistance and the newly appointed full-time Technician, Mr. Brammer, has considerably widened the scope of work for the male patients. I would also express my thanks to the two voluntary workers who assist patients with dressmaking and seat weaving.

Statistics

Patients on register . . . . .	52
Patients attending Occupational Therapy Unit . . . . .	22
Home visits . . . . .	2008
Patients returned to full-time employment . . . . .	.6
Patients who received further training at Long Eaton I.R.U. . . . .	.2
Patients transferred to Social Services Dept. after assessment at request of G.P.'s . . . . .	.6
Treatments at Occupational Therapy Unit . . . . .	1193

CHIROPODY SERVICE

Report by Mr. G. E. Hunt, Administrative Assistant

A limited domiciliary as well as a clinic service operated from five premises during the year.

The categories of persons eligible for treatment are those of pensionable age, the handicapped and expectant mothers. The fee charged is 15p per treatment except for those in receipt of supplementary benefit for whom treatment is given free of charge. In March, the appointment of Mr. M. D. Lewis to work in the new Peartree Clinic, brought a flood of nearly 500 applicants in the vicinity for treatment. Despite this a lengthy waiting list has accumulated.

One of the staff who did domiciliary visits resigned full time employment during October but fortunately I was able to retain her services on a sessional basis although no further domiciliary visits were possible. At the County Clinic in Cathedral Road one and a half sessions per week had been devoted to ex-County patients who as a result of the 1968 Boundary Extension found themselves living in the Borough, but at the end of October the Chiropodist resigned and the patients were advised that they had been placed on the waiting list for one of Derby's other chiropody clinics.

In line with most other chiropodists, Mrs. Greatorex at Boulton Clinic has the help of a chiropody assistant, a new one being appointed during the year. Inclement winter weather caused much illness amongst her patients and industrial action brought the severe problem of an unheated clinic with much of the chiropody equipment out of action. One patient, Mrs. C. aged 74 years on steroid treatment asked that her toe dressings be not removed as without them she could not walk comfortably. Another lady, aged 76, requested that her place be not filled whilst she was at Leicester Royal Infirmary having her third replacement cardiac pacemaker.

Foot conditions, such as corns on apex of toes and inflamed fissures on the plantar region have been of some concern. Although one could suggest many causes it is likely that the friction from ill fitting and badly finished stretch stockings accounts for many of these conditions. The relief afforded by a visit to the chiropodist cannot be over stressed to enable the elderly especially to live a fuller and happier life.

From Rykneld Clinic, Mrs. Mullineux draws attention to the long waiting list for new patients because of the extent of the catchment area. Some patients requested transfer to the new Pear Tree Clinic in March so that they could receive treatment within close vicinity of their homes, and the waiting list was relieved a little. In October however, it was agreed that an extra session would solve the additional problem of 78 ex-County patients coming from the Cathedral Road County Clinic when the Chiropodist there resigned, and was not replaced. Ambulance patients separated into districts for convenience, now occupy one session per fortnight, and as they are usually at the clinic from lunch time until the end of the afternoon, tea and biscuits are provided. Some patients who would otherwise miss their lunch, bring their own sandwiches.

It is with regret that often we are faced with a case of personal neglect, sometimes as a result of ignorance either on the part of the person concerned, or their relatives; otherwise because the person himself feels too ill or too lonely to bother. One aged 63 living alone, who had partially recovered from a stroke, came for treatment in January. There were ulcerated lesions on toes, poor hygiene, also dirty clothing. With saline baths plus treatment, his feet have improved tremendously. He is under surveillance by the Social Services Department who are trying to persuade him to enter a council home for the aged. He comes to visit the clinic every afternoon, as he says, 'for a warm'.

Replaceable pads and appliances are constantly used, which the patients prefer for convenience, comfort, and servicability.

It has been a difficult year at Chaddesden Clinic in view of Mrs. Wainwright's maternity leave. Fortunately the services of a full-time and a part-time chiropodist were obtained and the situation for a while looked more optimistic. The part-time employee resigned after a few weeks and the full-time chiropodist turned his attention to building up the new Peartree Chiropody Clinic.



The domiciliary service closed down throughout Mrs. Wainwright's leave which meant that apart from a few visits undertaken in January the housebound patients received no treatment at all. These home patients are in direst need, being old, infirm and often severely handicapped; they are the prey of circulatory disturbances, and this coupled with their underlying ill-health means that they should be the very people who should be kept as mobile as possible. They are also the hardest hit if no Local Authority Chiropody Service is available as the cost of employing a private practitioner at home is more than pensioners can afford.



*Chiropodist undertaking an Appreciated Treatment*

Later in the year the service was once again interrupted when Mrs. Wainwright resigned full-time employment and took up sessional duties. Additional staff could not be obtained, and this has led to increased waiting lists for home and clinic treatment.

It will be interesting to see how the National Health Service re-organisation will affect the section. Chiropody has long been the Cinderella of our health services, even though the people involved with it realise what an essential service it can, and should provide. Perhaps some magic wand will be waved and we shall see a fully-staffed department with appliance and laboratory facilities, and perhaps the idea being tried in some areas now, of auxiliaries to take over the simpler tasks, so that the chiropodists are able to do the job they are trained for, which is to achieve a curative effect for foot deformities and disabilities, not the image of the old corn-cutter who "make people comfy for a week or two"

This ideal is perhaps a little too optimistic, but perhaps within this new scheme of things there may be a chance to practise more preventive medicine, and to introduce a school chiropody service so that the youngsters of today will not be the foot problems of tomorrow."

Category	CLINICS					Other		Total
	Cath. Road	Boulton	Rykneld	Pear Tree	Maine Drive	Domiciliary	S.S. Dept.	
Persons treated*								
Aged 65 and over	75	405	451	492	386	51	566	2,428
Handicapped	—	10	17	3	8	4	87	129
Expectant Mothers	—	—	—	1	—	—	2	3
Total	75	415	468	496	394	55	655	2,558
Treatments given*								
At Clinics	489	1868	1701	1797	1111	—	357	7,323
In patients' homes	—	—	—	—	—	96	—	96
In old peoples' homes	—	—	—	—	—	—	2595	2,595
Total	489	1868	1701	1797	1111	96	2952	10,014

\* All treatments by Local Authority and none by voluntary organisations.



# AMBULANCE SERVICE

Report by Mr. J. W. Joynes, Chief Ambulance Officer

According to a recent Panorama television programme, one in sixteen of us will be involved in an emergency which will necessitate travelling in an ambulance, yet the Ambulance Service ranks far below the Police and Fire Service in pay, status, conditions of service and recognition by the general public. The ambulance men and women feel that they get very little credit for the many cases they attend and treat successfully yet they are subject to harsh criticism if an ambulance is not immediately available or appears late in arriving at the scene of an accident.

We are all aware of the reorganisation of the National Health Service in April, 1974, together with the simultaneous changes in Local Government, and all staff will be pleased when the doubts and uncertainties of individual positions within the new service have been cleared away, so that we can all concentrate on the prime object of the health service, which is the welfare, comfort and treatment of patients. Without the human approach the service would lose much of its value.

## Raynesway Ambulance Station

January, 1972, marked the opening of the new ambulance station at Megaloughton Lane, off Raynesway, by the Mayor, Councillor J. Carty. All ambulance vehicles are now housed in hygienic, heated accommodation. Warmth is essential to a sick or injured person and most ambulances are heated by the engine circulatory system which is easily maintained and improved providing it has a warm start. Every motorist knows that a cold car, combined with a cold engine, requires a considerable running time before a reasonable degree of heat is obtained. This new ambulance station is strategically situated on the ring road and gives easy access to Chaddesden, Spondon, Alvaston, Allenton and Chellaston areas of the town and it is convenient both to the M1 motorway via the Borrowash bypass, and to the East Midlands Airport, both of which are potential accident risk areas.

## Open Day

Many of the general public responded to an invitation to attend an "Open Day" on 21st October. Large crowds visited throughout the whole of the day, which was most encouraging. Vehicles and equipment were on show and very extensive exhibition material with numerous posters and projected slides dealing with various aspects of ambulance aid were displayed, supplemented with accident photographs kindly loaned by courtesy of the Derby County and Borough Constabulary, road safety displays by the Road Safety Officer, and a selection of health education material was provided by the Health Education Officer who expressed pleasant surprise at the interest shown and the demand for the various leaflets. Much hard work went into the planning and preparation of this event and a very keen sense of satisfaction was evoked by the response of the visitors. The coloured slides depicting some rather gruesome injuries proved too much for some sensitive stomachs and tea was freely dispensed as a stimulant. I am most grateful to all members of the staff for the efforts they made and the time they freely gave to ensure the success of this venture.

## Communications

The noise problem outlined in my last report has increased in intensity but the plans for the new control room at Raynesway have been approved by the Department of Health and Social Security and a start should be made on this project early in the new year.

Orders have been despatched for the replacement of all ambulance radio equipment to comply with directions from the Ministry of Posts and Tele-communications for 12.5 kc/s channel spacing by January, 1973. The Department of Health and Social Security has recommended that a rationalised frequency plan be established to facilitate operational co-operation between adjoining services and to introduce an emergency reserve channel to enable all vehicles called to assist at a major accident to be controlled from one source. The recommendations list V.H.F. equipment, frequency modulated with 12.5 kc/s channel spacing. The existing equipment is amplitude modulated and some of it has 25 kc/s channel spacing therefore conversion of the old radio sets to the new specification is not possible.

The allocated frequencies for Derby are:—

Channel No. 27	
Frequencies for general use	166.4 / 171.2 MHz
Emergency Reserve Channel	166.4375 /171.2375 MHz

The new radio sets will be Pye 'Motafone' and can be switched to receive on six channels which will be (1) Derby Borough; (2) Emergency Reserve; (3) Derbyshire County; (4) Leicestershire County; (5) Nottinghamshire County, and it is anticipated that the sixth will be on the Staffordshire frequency. This will enable an ambulance to operate in any of the adjoining Area Health Authority localities simply by switching to their frequency. Derbyshire County are in the process of changing their radio equipment and close co-operation between our two services has ensured identical specifications and all the sets will be interchangeable.

The U.H.F. two way radio used by midwives are fully operational and appear to be working reasonably well; the only problem, upon which the manufacturers and the G.P.O. are at present engaged is a 'break through' of other transmissions into the main receiver.

## Personnel

The personnel of the service continued to give their cheerful best, and all suffered a deep sense of shock and loss at the deaths of dedicated colleagues, Mrs. Edith Cokayne in February, and Norman Cross on 1st April at the tender age of 25 years. Accidents and sudden death are common place events in the day to day duties of ambulance drivers but they do not become hardened and they grieve deeply for their lost colleagues.



## Training

The basic school training is now well established and all members of the staff with more than a year's service have completed a course at either the Cheshire or the Leicestershire Ambulance Training School and are in possession of the Ambulance Proficiency Certificate.

Refresher training of two week's duration every three years to maintain the validity of the Proficiency Certificate is well in hand, as is also the Department's recommendation for hospital training. 16 drivers have satisfactorily completed refresher courses and hospital training during 1972. Six new entrants have yet to complete the six weeks basic training course but all are scheduled to attend school before 31st March, 1973.



*Ambulance Service — Training Session*

In the operational section the gap in the training programme is in preparatory training for new entrants and follow up in-service instruction on new techniques and equipment. In-service training at present is very spasmodic, being given only as and when an officer is available to instruct the men whose only availability is between calls, at odd times during the late evening, nights or at week ends. Numerous interruptions are not conducive to the concentration required to absorb the complexities of modern ambulance equipment bearing in mind that lives depend on its rapid and efficient use. Circular LHAL 31/72, highlighting this problem and strongly recommending the appointment of a training officer, was reported to the Health Committee in October and was approved subject to agreement by the Establishment Committee. The Pay and Prices Freeze has delayed the appointment, but it is hoped it will receive urgent consideration as numerous items of equipment have been introduced into the service which require concentrated tuition, particularly Laerdal suction units, automatic cardio-pulmonary resuscitators, Entonox analgesic apparatus and patent scoop stretchers. Circular LHAL 37/72 commended to Ambulance Authorities the Local Government Training Board "Training Recommendation 14: Ambulance Officers". The Department's opinion is that in the interests of the Ambulance Service a considerable part of the recommendations should be implemented, as such training would help prepare Ambulance Officers for the Re-organisation of Ambulance Services in 1974.

Implementation of these recommendations will require the Station Officers to attend a two week Ambulance Aid Course followed by a First Line Supervisors Course and possibly a Control Officers Course. The recommendations for the Chief Ambulance Officer and Deputy are for three week Management Courses.

A large scale exercise of a simulated plane crash was carried out at Castle Donington calling upon the resources of all surrounding emergency services, and a similar exercise with a simulated train crash was staged at Chilwell. Both proved that more of this type of training is needed and much was learned from the exercises.



Carriage of Dangerous Substances by Road

This facet of training has occupied considerable thought and time during the year as a comprehensive list of the various chemicals conveyed by road or rail had to be compiled. A circular letter was sent to all Chemical Manufacturers and Suppliers in the Midlands and the numerous replies indicating the special risks involved in dealing with accidents during transport left no doubt about the urgent need for specialised training in the field.

Ambulance staff cannot be expected to know all the characteristics of the many different chemicals transported, but they should be aware of the hazards with which they can be presented, i.e. fire, explosion, oxidisation, toxicity, corrosivity, and the generation of poisonous gas or irritant vapour. The crews must be able to recognise consignments of dangerous substances, give aid to persons involved in accidents and avoid injury to themselves and others.

Large display panels illustrating the various warning notices are exhibited at both ambulance stations and reference books are in the Control Room to enable the Control Officer to advise the crews as necessary by radio. Explicit instructions have been issued to every driver.

The recent fatal accident concerning a tanker of acid focused public attention on this hazard and while the loss of life is regrettable, it is gratifying to know that the Derby Service is trained and prepared to deal with incidents of this type.

Mr. Ian Astle, Safety Officer, has been most helpful in the collection of material and information on this subject and indeed many other aspects concerning safety measures. I am most grateful for his valued assistance.

Vehicles

The formula outlined by the Local Government Research Unit for the calculation of the economic replacement of vehicles has in the main been adopted, and following reports from the Borough Engineer orders have been placed for three first line ambulances and a wheel chair lift vehicle, and it is anticipated that they will be delivered in the summer of 1973.

Two Ford Automatic Transit Ambulances and two large Bedford lift vehicles were delivered during 1972 and the fleet comprises the following vehicles, with dates of purchase shown.

<b>First Line Ambulances</b> (Herbert Lomas Ltd. bodywork)			
*XCH 900H	Ford Auto	August	1969
*RRC 308F	Ford	January	1968
*SRC 309F	Ford	April	1968
JCH 112K	Ford Auto	September	1971
BCH 913H	Ford Auto	June	1970
BCH 914H	Ford Auto	June	1970
BCH 916H	Ford Auto	June	1970
ACH 115H	Ford Auto	January	1970
JCH 117K	Ford Auto	September	1971
OCH 18L	Ford Auto	January	1973
OCH 19L	Ford Auto	January	1973
<b>Wheel Chair Vehicles</b>			
MRC 222K	Bedford	June	1972
MRC 223K	Bedford	June	1972
URC 326G	Karrier	October	1968
*PRC 229F	Karrier	October	1967
<b>Dual Purpose Vehicles — 21 seats</b>			
WCH 240G	Karrier	April	1969
WCH 241G	Karrier	May	1969
YCH 342H	Karrier	September	1969
YCH 343H	Karrier	October	1969
YCH 344H	Karrier	November	1969
YCH 345H	Karrier	December	1969
<b>Estate Car</b>			
BCH 951H	Ford Estate Conversion	June	1970
*Replacement Vehicles ordered.			



Statistics

The emergency calls increased by 8.25% over last year and totalled 4,592 patients of which 1,395 were road accidents. According to the figures supplied by the Road Safety Officer the total number killed during 1972 was 29, seriously injured 377, and slightly injured 989. Pedestrians headed the list of casualties, particularly the under fives and over sixty-fives, i.e. 84 casualties under five, 51 senior citizens.

PATIENTS

Type of Case	Ambulances		Dual Purpose Vehicles		Total	
	1972	1971	1972	1971	1972	1971
Emergency Calls	4,445	4,083	147	130	4,592	4,213
Other Calls	35,775	41,468	75,953	83,462	111,728	124,800
	<u>40,220</u>	<u>45,551</u>	<u>76,100</u>	<u>83,462</u>	<u>116,320</u>	<u>129,013</u>

MILEAGE

	Ambulances		Dual Purpose Vehicles		Total	
	1972	1971	1972	1971	1972	1971
With Patients	220,624	193,983	179,721	177,212	400,345	371,195
Other Journeys	10,758	5,975	8,617	6,414	19,375	12,989
	<u>231,382</u>	<u>199,958</u>	<u>188,338</u>	<u>183,626</u>	<u>419,720</u>	<u>384,184</u>

The increase in mileage is due to a number of factors including the one way system and the inner ring road, a concerted effort to reduce patient waiting time which results in more journeys with fewer patients on the vehicle, and of course the location of the new ambulance station. Vehicles have daily washing, routine servicing and repairs carried out at the Transport Section, Willow Row, a return journey of eight miles from Raynesway.

The total number of patients conveyed has declined due to the reduction of patients attending the Physiotherapy Department at the Derbyshire Royal Infirmary but this will increase again the moment staff and facilities are available at the hospital.

Development

Year	Patients	Miles	Miles per patient	Cost per mile	Total Cost
1969	118,700	350,142	2.95	30p	£112,204
1970	123,699	376,531	3.05	35p	£126,427
1971	129,013	384,184	2.98	38p	£145,673
1972	116,320	419,720	3.61	40.8p	£171,124

The number of Driver/Attendants and vehicles with the ratio of staff and vehicles to the number of patients conveyed was as follows:—

Year	Number of Driver/Att.	Numbber of Vehicles	Ratio of Staff to patients	Ratio of Vehicles to patients
1969	52	21	1 : 2,283	1 : 5,653
1970	52	21	1 : 2,379	1 : 5,889
1971	54	21	1 : 2,389	1 : 6,143
1972	55	21	1 : 2,114	1 : 5,539

MEDICAL OPINION

In connection with the issue of driving licences under the Road Traffic Act 1972, the Local Taxation Officer forwards details regarding applicants who declare that they have suffered or suffer from epilepsy, sudden attacks of disabling giddiness, or fainting. I thereupon give my opinion as to whether the applicant is a medically fit person to drive a motor vehicle and this usually involves liaison with medical practitioners. During the year 53 applications were considered, of which five were refused on medical grounds.

Medical history report forms were completed by 933 new and prospective employees, of which 893 were considered to indicate that the applicant would be suitable for employment and entry to the sick pay and superannuation scheme without medical examination. Nine of the remaining persons were medically examined by their own general practitioner, and 31 by Dr. Latham Brown, the medical referee to the local authority.

# **infectious disease in Derby**

**Infectious Disease  
Mass Radiography  
Tuberculosis  
Venereal Disease**





PREVALANCE OF AND CONTROL OVER INFECTIOUS DISEASES

Report by Dr. E. B. Hazlewood, Senior Medical Officer

Unfortunately in April of this year, Dr. C. M. Davenport, Senior Medical Officer in charge of the Infectious Diseases Section, left us to take up a post with the Regional Hospital Board. Her wide knowledge both of infectious diseases and of mental handicap will be much missed by the Department.

Later this year, in July, we heard with deep regret that Dr. G. W. R. MacGregor who had retired prematurely due to ill health in October, 1971, had passed away at his home in Cornwall. We will not forget him. Our deepest sympathy goes to his wife and daughter at this time.

Protection against disease

The only change in policy in the Department has been that the bacterium *Escherichia Coli* is now regarded as pathogenic under the age of 3 years. This was a joint decision between the Medical Officer of Health and the Director of the Derby Public Health Laboratory. Each child must produce three negative, i.e. free from any infection, stools before being admitted to the Day Nursery, in order to protect the children already there, as outbreaks can so easily occur in this type of institution.

As before, routine vaccination against Diphtheria, Whooping Cough, Tetanus, Polio and Measles continued according to the recommended Schedules at all Child Health Centres in Derby. At about the age of 5 years, children were offered a reinforcing dose against Diphtheria, Tetanus and Polio. During the first year at the senior school, about the age of 11 or 12 years, the children were offered B.C.G. vaccination and a year later, at 13 years girls only were offered Rubella vaccination. Numerical details are shown in the tables at the end of this report.

Prevention and Control

No widespread outbreak of infectious diseases occurred in Derby during 1972. There were various small outbreaks or individual occurrences.

Sonne Dysentery

An interesting outbreak occurred at the Royal School for the Deaf in March. As the 18 affected children were mainly boarders they were drawn from as far away as Rugby, Leicestershire and Lincolnshire. In each case a letter was sent to the Medical Officer of Health of the appropriate district notifying him that the child was excluded from school until free of infection. All staff of the Royal School for the Deaf were screened and there were fortunately only three persons affected. The staff were dealt with in a similar way to the children and excluded till clear. Sonne Dysentery is a mild self limiting type of illness but due to the large number of children and staff involved at this school it involved a great deal of work by our Infectious Diseases Health Visitor. The outbreak began in March and the last child returned to school in June.

Another outbreak involving a great deal of work was at the Special Care Unit, Osmaston Road in January. Three of the affected children's parents were food handlers and so were put off work as a precautionary measure. A total of 45 children and 33 staff were involved and the outbreak was finally under control by March.

One more outbreak was in the Children's Home at Vicarage Road, Mickleover. About 21 children and 24 staff were examined. The staff had no evidence of infection at any time. Four children showed sonne dysentery in January and of these three were soon clear. One six year old boy however, continued to excrete the organism intermittently till August and so missed quite a lot of schooling.

In March another outbreak of Sonne Dysentery occurred at Reginald Road Day Nursery, Chaddesden. Such an outbreak by no means indicates lack of hygiene. When so many small children, untrained in basic matters of personal hygiene, are in such close contact, it is surprising that there is not more spread of infection. The following table shows the work undertaken by the Department prior to the admission of children to the Day Nurseries:—

Results of Investigation of faecal specimens

<i>Year</i>	<i>E.Coli</i>	<i>Shig.Sonnei</i>	<i>Salmonella</i>	<i>Total Specimens Taken</i>
1969	15	15	—	Over 200
1970	8	3	—	Over 200
1971	4	5	1 Sal. Indiana 1 Sal. Agona	222
1972	18	2	—	354

Typhoid

Unfortunately there are still two typhoid carriers in Derby. They are children of school age and receive daily tuition at home.



Salmonella Infection

A husband and wife went on a fortnight’s holiday to Majorca in October, another family went to Spain in October and a third family went to Tunisia in November. All these contacted various types of salmonella infection but were soon free from infection on return to England.

There were two outbreaks of food poisoning originating from a turkey dinner and a chicken dinner at a Leicestershire hotel in November. These involved a great deal of work by the health visitor as all families had to be checked, as well as the actual participants at the dinner. At the time of writing, these outbreaks were not quite under control but were progressing well towards that end. Unfortunately, one participant at the dinner has so far refused to co-operate with the investigations. This is unusual but deplorable as his household cannot be certified as free from infection until he co-operates.

Virus Infection

In September, a hotel manager asked for an investigation of his staff as various persons had complained of sore throats. This was done and the results showed that this was most likely to be due to a respiratory virus which could have been contacted in any place. The actual type was not identified as all personnel recovered before they could be investigated.

Once again the staff of the Public Health Laboratory Service have proved to be willing and efficient. My thanks to Dr. B. W. Barton and his assistant, Dr. E. F. Finney, for their helpful advice at all times.

I also thank the Infectious Diseases Health Visitors, especially Miss E. Tyerman, for their willingness to go out at any hour to visit the public and perform whatever investigations are necessary.

VACCINATION STATISTICS – 1972

PRIMARY COURSES COMPLETED	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965–1968		
Triple DTP	202	2334	437	69	52	4	3098
Diphtheria/Tetanus	3	18	20	5	105	17	168
Diphtheria	—	1	—	—	3	2	6
Tetanus	—	1	—	—	—	101	102
Rubella: Girls aged 13	—	—	—	—	—	2021	2021
Sabin	202	2365	466	78	182	109	3402
Measles	4	1373	1017	228	326	16	2964
REINFORCING DOSES							
Triple DTP	—	1	4	1	2	—	8
Diphtheria/Tetanus	—	8	20	38	2409	207	2682
Diphtheria	—	—	—	—	57	—	57
Tetanus	—	—	2	4	20	1806	1832
Sabin	—	33	25	43	2692	1955	4748

B.C.G. Vaccination against Tuberculosis

During 1972, visits were paid to all the Secondary schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	No. given Heaf Test	Tuberculin Positive	Tuberculin Negative	Vaccinated with B.C.G.
School Children	2370	103	2065	2041
“Contact” Scheme	229	6	223	223
(plus 46 babies vaccinated in maternity hospitals).				

Incidence of Infectious Diseases, in age groups

	0—	1—	2—	3—	4—	5—	10—	15—	25—	45—	65+	Unknown	Total
Acute Meningitis . . . . .	1	—	—	—	—	—	—	—	—	—	—	—	1
Dysentery (Amoebic or Bacillary) . . . . .	2	2	11	9	12	32	8	12	17	1	—	—	106
Food Poisoning . . . . .	—	1	1	—	—	1	1	5	7	—	2	—	18
Infective Jaundice . . . . .	—	—	—	—	—	2	5	2	3	2	1	—	15
Measles . . . . .	49	91	87	91	107	438	12	4	2	—	—	24	905
Paratyphoid Fever . . . . .	—	1	—	—	—	—	—	—	—	—	—	—	1
Scarlet Fever . . . . .	1	3	6	18	18	93	22	3	—	—	—	3	167
Whooping Cough . . . . .	2	2	1	1	1	3	—	—	—	—	—	—	10
Tuberculosis — Respiratory . . . . .	—	—	1	—	1	3	1	10	14	11	7	—	48
Tuberculosis — Other Forms . . . . .	—	—	—	—	—	—	—	2	12	3	1	—	18

DERWENT HOSPITAL

26 Derby residents were admitted and discharged during the year. None died in hospital, and there were no cases remaining either at the end of 1971 or 1972. Of these 26 residents, 9 were treated for dysentery, 5 for gastro-enteritis, 2 for measles, 2 for salmonella infection, and 1 each for chicken pox, glandular fever, E.Coli and infective hepatitis.

MASS RADIOGRAPHY

Report by Dr. W. Guthrie, Medical Director,  
Nottingham Area No. 2 Mass Radiography Unit

PUBLIC SESSIONS

These were held in Derby by the Unit from 4th July to 4th August 1972. 6209 examinees were X-rayed compared with 6751 last year. 5394 members of the general public were X-rayed as compared with 5638 last year. 31% of the general public were X-rayed for the first time by a Mass Radiography Unit.

The response from the school leavers was only 47% which, however, was practically the same as last year (48%). No chest or heart conditions were discovered among the school children.

The response from the wayfarers was 74% which is quite good for this type of examinee, but last year the response was higher still at 88%.

There were two cases of active pulmonary tuberculosis and one observation case; all from the general public. All the significant cases were from the general public, except two which were doctor’s referrals and in view of the small number actually referred by their own doctors, it shows that this group is well worth X-raying. 6 of the significant cases had normal films previously, which illustrates the value of periodic X-rays.

4 examinees did not return for large film as requested, but fortunately their miniature film did not suggest anything of a very serious nature.

WORKS-BASED SESSIONS

3517 examinees were X-rayed at a total of sixteen firms in Derby. 3 cases of active pulmonary tuberculosis were discovered.

STATISTICS — PUBLIC SESSIONS

Miniature Films	Number X-rayed			Number Available			% X-rayed			X-rayed First Time	
	Male	Female	Total	Male	Female	Total	Male	Female	Total	No.	%
School Leavers	369	377	746	778	797	1555	47%	47%	47%	697	93%
Wayfarers	50	—	50	67	—	67	74%	—	74%	19	38%
Doctors’ Referrals	11	8	19							11	58%
General Public	2327	3067	5394							1679	31%
Total	2757	3452	6209							2406	38%



Large Films		Satisfactory	Clinical Examination	Did not come for large film
General Public	M	15	8	1
	F	22	14	3
Scholars	M	3	—	—
	F	1	—	—
Wayfarers	M	2	—	—

CLINICAL EXAMINATIONS

	M	F	Remarks	Final R	
				M	F
Active Pulmonary T.B.	1	1	Referred to Chest Clinic. Male had previous normal film.	1	2
Inactive Pulmonary T.B.	1	1	No action required	1	1
Observation Pulmonary T.B.	1	—	Referred to Chest Clinic. Previous normal film.	—	—
Observation — Non T.B.	4	3	Pulmonary Carcinoma	—	1
			Ganglion Neuroma	1	—
			Sarcoidosis	1	—
			Pleural Effusion	—	1
			Pneumonitis	1	—
			Lung Cyst	1	—
			Unfolding of Aorta	—	1
Bronchiectasis	—	1	Referred to own doctor	—	1
Pulmonary Fibrosis	—	3	1 referred to own doctor; 2 no action required	1	3
Hiatus Hernia	—	1	Referred to own doctor	—	1
Essential Hypertension	—	4	Referred to own doctor	—	4
Mitral Regurgitation	1	—	No action required	1	—

CASES OF PULMONARY TUBERCULOSIS

			After full investigation for years								
			1972	1971	1970	1969	1968	1967	1966	1965	1964
No.	†1	2*	2	5	2	2	3	4	2	4	4
%	†.01	.03*	.03	.07	.03	.03	.04	.06	.03	.05	.05

\* Active                      † Observation

TUBERCULOSIS

Report by Dr. H. L. Matthews — Consultant Physician, Derby Chest Clinic

Incidence

48 new cases of Respiratory Tuberculosis were notified in Derby during 1972, 10 less than in the previous year. Included in this total were 14 Indian and Pakistani immigrants, and 3 referrals from Nottingham Mass Radiography Unit. 18 new cases of Non-respiratory Tuberculosis were notified, compared with 14 last year. Of these new cases, 12 were Indians and 6 Pakistanis.

Summary

Year	No. of New Cases of Tuberculosis Notified	No. of New Contacts Examined	Total Contact Attendances	No. of Contacts found to be tuberculous
1968	87	570	928	1
1969	74	269	644	1
1970	88	580	924	1
1971	72	459	904	2
1972	66	448	911	—

Register of Notifications

	Respiratory		Non-Respiratory		Total
	Males	Females	Males	Females	
Cases of tuberculosis remaining at 31.12.72	398	245	139	159	941
Cases removed from Register:-					
Withdrawal of notification .. .. .	—	—	—	—	—
Recovery from the disease .. .. .	—	—	—	—	—
Death (all causes) .. .. .	14	4	1	1	20
Otherwise .. .. .	—	—	—	—	—

Tuberculosis Notifications and Deaths, 1972

AGE AND SEX INCIDENCE

Age Periods	New Cases *				Deaths					
	Respiratory		Non Respiratory		Respiratory		Late Effects of Respiratory TB		Other Tuberculosis	
	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—	—	—
1 year	—	—	—	—	—	—	—	—	—	—
2 — 4 years	1	1	—	—	—	—	—	—	—	—
5 — 9 years	1	2	—	—	—	—	—	—	—	—
10 — 14 years	1	—	—	—	—	—	—	—	—	—
15 — 19 years	2	2	—	—	—	—	—	—	—	—
20 — 24 years	2	3	1	1	—	—	—	—	—	—
25 — 34 years	8	3	2	3	—	—	—	—	—	—
35 — 44 years	4	1	2	5	—	—	—	—	—	—
45 — 54 years	1	2	—	1	1	—	—	—	—	—
55 — 64 years	7	—	1	1	—	1	—	—	—	—
65 — 74 years	4	1	—	—	2	—	1	—	—	—
75 and over	1	1	1	—	—	1	—	—	—	—
Totals	32	16	7	11	3	2	1	—	—	—

\*Transfers from other areas not included

NEW CASES AND DEATHS

Comparative Table

Year	Respiratory Tuberculosis		Late Effects of Respiratory T.B. and other Tuberculosis	
	*New Cases	Deaths	*New Cases	Deaths
1969	54	3	20	2
1970	67	3	21	4
1971	58	2	14	2
1972	47	5	18	1

\*Transfers from other areas (excl. Registrar General’s Transferable Deaths) not included.



Public Health (Tuberculosis) Regulations, 1952

SUMMARY OF FORMAL NOTIFICATIONS

Primary Notifications of New Cases of Tuberculosis

Age Groups	Respiratory		Meninges or C.N.S.		Others	
	Males	Females	Males	Females	Males	Females
Under 1 .. ..	—	—	—	—	—	—
1— .. ..	—	—	—	—	—	—
2— 4 .. ..	1	1	—	—	—	—
5— 9 .. ..	1	2	—	—	—	—
10— 14 .. ..	1	—	—	—	—	—
15— 19 .. ..	2	2	—	—	—	—
20— 24 .. ..	2	3	—	—	1	1
25— 34 .. ..	8	3	—	—	2	3
35— 44 .. ..	4	1	—	—	2	5
45— 54 .. ..	1	2	—	—	—	1
55— 64 .. ..	7	—	—	—	1	1
65— 74 .. ..	4	1	—	—	—	—
75 and over ..	1	1	—	—	1	—
Total (all ages) ..	32	16	—	—	7	11

VENEREAL DISEASES

Report by Dr. W. H. Donald, Consultant Venereologist, Derbyshire Royal Infirmary

The total number of new patients continues to increase, but not as markedly as in previous years, though for the first time in the history of the Clinic over 1,000 new female registrations were recorded.

The incidence of Gonorrhoea in 1972 was about the same as in 1971, but it would be misleading to assume that there is a halt in the continual increase. It may be that more patients are being treated by their own doctor and not attending the clinic. There is still a high proportion (40%) of female patients in the sexually active under 20 age group, but this year the proportion of male patients in the same age group has doubled. Some patients are regular attenders and one male acquired Gonorrhoea 6 times in the year and 6 others became infected 5 times.

Other genital infections associated with sexual intercourse continue to increase, in particular Non-specific Urethritis in men and Vaginal Candidiasis (Thrush) in women probably associated with the increasing use of the contraceptive pill and widespread use of oral antibiotics.

Control of Venereal Disease

In accordance with Circulars 38/68 and 1/71 action has been taken on contact tracing in the control of the disease. Each patient referred to the health visiting staff was followed up; in addition talks by members of the health department staff have included, wherever appropriate, reference to the Special Clinic.

The appointment in 1972 of a Health Education Officer for Derby is a valuable step forward in the attack on the increasing incidence of sexually transmitted disease and it is hoped that with widespread dissemination of information about these diseases in schools and colleges, the incidence may diminish and those who require advice or treatment will seek medical advice promptly.

STATISTICS – Borough Residents

	<i>Total</i>		<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Other</i>	
	1972	1971	1972	1971	1972	1971	1972	1971
Total Patients all areas	2,524	2,375	23	27	476	464	2,025	1,884
Derby Borough	1,828	1,746	13	21	376	390	1,439	1,315

SYPHILIS		Male	Female	Total
Early infectious		1	—	1
Late Syphilis		10	2	12

GONORRHOEA				
Post pubertal cases		231	144	375
Pre pubertal		—	1	1
Age Groups				
Under 20		32	56	88
Over 20		199	88	287
Country of Origin				
United Kingdom		93	119	212
West Indies		104	22	126
Asia		13	2	15
Others		21	1	22
Other conditions NOT requiring treatment		169	155	324
Other conditions treated				
Non-specific Urethritis		324	—	324
Non-specific Urethritis with Arthritis		3	—	3
Other non-specific genital Infection		2	71	73
Trichomoniasis		68	111	179
Candidiasis		15	163	178
Scabies		14	10	24
Pediculosis Pubis		17	10	27
Herpes Genitalis		11	9	20
Genital Warts		62	37	99
Molluscum Contagiosum		6	3	9
Other miscellaneous		166	13	179
Cervical Cytology smears			231	No positive smears



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Verbod tot toegang tot de afgesloten ruimte

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100	100	100	100	100	100
100	100	100	100	100	100
100	100	100	100	100	100

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# **environmental health in Derby**

**Legislation  
Living Conditions  
Pollution Control  
Working Conditions  
Food Control  
Sampling  
Prosecution  
Water Supply  
Swimming Baths  
Sewerage  
Rodent Control**





ENVIRONMENTAL HEALTH

Report by A. Wenn, Deputy Chief Public Health Inspector

LEGISLATION

The public health inspectorate are directly concerned with masses of legislation which is forever being changed or added to. 1972, the year under review, provided no exception to the rule. The following new Acts became law during the year.

DEPOSIT OF POISONOUS WASTES ACT, 1972

The way in which this Act reached the Statute Book could be said to be typical of British democracy – do very little until the need is overwhelmingly apparent. The Clean Air Act of 1956 followed the London smog with its tragic aftermath of 4000 deaths so the Deposit of Poisonous Wastes Act 1972 followed the vast publicity given to the finding of highly toxic waste products in all sorts of scattered locations where danger to human and animal life was evident.

The section is now charged with the duty of control of the disposal of all waste products coming within the definition within the boundaries of the Borough and also take part in the system of recording of products destined for other areas, about which more is written under the heading of Pollution Control.

THE HOUSING FINANCE ACT 1972

This is the latest in a very long line of Housing legislation and has received more publicity than most previous Acts. One aspect of the proposals, related to higher rents in the private sector during 1973 and 1974, is that they should lead to a higher standard of repair. This aspect has not received any publicity, but already public health inspectors will not be quite so restricted as formerly, when working out repair schedules, because of the need to have regard to reasonable expense when proceeding under either the Public Health or Housing Acts.

THE LOCAL GOVERNMENT ACT 1972

This Act is now on the Statute Books and D. Day is set irrevocably for 1st April, 1974. It is with very mixed feelings that Local Government Officers in Derby regard re-organisation; the removal of such functions as Education and Social Welfare from the jurisdiction of the present County Borough Council to the new top-tier County Council has ramifications for far more staff than those actually employed by the departments at present administering the functions. At the end of the year under review no real decisions appeared to have been made concerning the possible delegation of functions, by means of agency arrangements, from County level to District level or of the extent to which the various professional teams assembled by the County Borough could be utilised to assist the new neighbouring district councils who will need such professional or specialised services.

As far as the Environmental Section of the Public Health Department is concerned it is noteworthy that with the sole exception of the powers we presently operate in relation to the composition and labelling of food under the Food & Drugs Act 1955, all the functions which make up our field of work are to be operated at District Council level. With regard to the composition and labelling of food, a function which consumes a relatively small amount of professional time, we have made a case for agency arrangements solely on the grounds of the convenience of the public, economy, and utilisation of the expertise which exists in the office.

Despite the fact that the functions we are concerned with are retained at District level, I am very conscious of the real difficulties which will arise when officers we have become used to working with so closely, in for example the Education and Engineers Departments, in connection with clearance and improvement areas are removed to top tier. Similarly the decision making committees will now be operating at both tiers in respect of certain development aspects of housing clearance and improvement. One can only hope that we shall overcome these difficulties and that real co-operation between the two levels of local government can be achieved at both member and officer level.

BAINS REPORT

This report which is to be provided for each member of all the new councils states that each new District Council will need a Chief Environmental Officer and a comprehensive report was prepared by a small working party of public health inspectors in my office outlining the need for, and the advantages of, an automonous Environmental Health Department.

DERBY CORPORATION ACT, 1972

One section of this Act gives the Corporation power to seek an order prohibiting the sale of food from premises where the person carrying on the food business has been convicted of an offence against the Food Hygiene Regulations. This, in my opinion, is a very useful reserve power for use in those cases where the person concerned neglects basic food hygiene practices.

Staff

The Environmental Health Section under the direct control of the Chief Public Health Inspector contains the following staff:—

Public Health Inspectors	22
Authorised Meat Inspectors	2
Student Public Health Inspectors	5
Administration and Clerical	10
Industrial Smoke Inspector	1
Technical Assistants	3
Survey Assistants	2
Rodent Operators	6
Disinfestation Operator	1
a total of 52 persons.	



They already form a well motivated closely knit practically autonomous department and look forward to taking the place alongside but working in a corporate fashion with other departments of the future Derby District Council.

On the following pages are shown mainly in schedule form the variety and amount of the work accomplished during the year. These pages however, cannot begin to show the extent to which staff and particularly the more senior staff, are involved in working parties and discussions with officers of other departments, with trade organisations and professional groups, nor the impact of the enquiries made by the general public on the efficient running of the section. Recent research has shown that in one way or another the Environmental Section receives 25,000 enquiries per annum.

Bearing in mind the pressure to which a static staff have been subjected during the year, I feel I must go out of my way to say "Thank you" to all members of staff for their loyalty and assistance.

I would also like to thank Madam Chairman and all members of the Committee for their usual unfailing support and particularly for the friendly and constructive approach they give to our various problems.

**LIVING CONDITIONS**

**HOUSING CLEARANCE**

During the year survey and representation was again carried out in accordance with the Council's programme and 733 houses were included in 17 clearance areas. Another 9 houses were dealt with by demolition or closing orders.

The clearance schemes mainly affected three areas of the town.

Firstly the High Street to Bateman Street area which contains 329 houses and was a continuation of the Regent Street to High Street area represented the previous year. This whole area is scheduled for (a) a new road (b) extensions to the Derbyshire Royal Infirmary (c) commercial development.

The second large area was the Parliament Street area which contains 188 houses and this together with other areas to be declared in the near future will be redeveloped for residential purposes — mainly houses for the elderly.

The third area was the Oak Street to Roe Street area which contains 148 houses — the sites of which are due to be redeveloped for a school and housing for the elderly.

Other areas contain scattered pockets of unfit houses, and totalled 68 houses.

In all cases consideration was given to the possibility of improvement, but due to their condition, their narrow frontages and bad internal and external arrangement, it was inevitable that they should have been scheduled for clearance.

Orders relating to 255 houses classed as unfit were confirmed by the Secretary of State for the Environment and all unfit houses were deemed to have been properly classified. This is very encouraging to our staff as the type of property which is now being inspected for clearance action poses many difficult questions.

Due to the difficulty the Secretary of State for the Environment was having in recruiting Inspectors to conduct public inquiries into orders made under the Housing Act 1957, considerable delays were experienced in the holding of inquiries and in their confirmation.

**AREA IMPROVEMENT**

A survey was carried out during the year for a third General Improvement Area in the vicinity of Kedleston Road which was to incorporate two improvement areas made under the Housing Act 1964 and much preliminary work was done in anticipation of its declaration. However, Council have now decided that finance for further General Improvement Areas will not be provided for the next three years.



*View of Flat Square — Darley Abbey Improvement & Conservation Area*



I am happy to report that a great deal of environmental improvement work has been carried out in the two General Improvement Areas already declared and the first one at Chester Green is almost complete. Numbers of Improvement Grants have been given in both areas, but the rate of application has now slowed down. Nevertheless as houses change hands the new owners invariably come along for grant and there is no doubt that eventually each house will be improved, at least up to 12 point, if not to Parker Morris standard.

HOUSE IMPROVEMENT

Once again 1972 has shown a considerable increase in the number of Improvement Grants being given. Whilst the number of Standard Grants given (324) has remained fairly constant, Improvement Grants for improvement and/or conversion trebled from 107 to 324. Another gratifying feature is that the number of tenanted houses in respect of which grants have been given has risen from 121 to 247, this means that over 37% of the improvement grants given are in respect of tenanted properties.

Towards the end of the year under review much publicity was given to the activities of property speculators mainly in the London area, who were alleged not only to be making large sums out of the improvement grant system, but were also pressurising the original tanants, whom grants are designed to assist in attaining reasonable housing standards, to vacate their accommodation.

This sort of activity while confined to the very large conurbations where there is much housing stress tends to bring the whole grant system into disrepute.

So far as Derby is concerned speculative activity has been limited to persons, usually small builders, buying small houses, improving them with the aid of a grant and immediately reselling to an owner/occupier. In our opinion such speculators do not make much, if any, extra profit because as a condition of grant we ask for manyworks of repair and improvement which they would not normally carry out. On the credit side one more house is improved to a high standard, but it is a fact that some impecunious young couple may be deprived of an opportunity to purchase a small house relatively cheaply and to improve it themselves with the aid of a grant.

The whole improvement grant policy was the subject of review by the Government at the end of the year, and there seems little doubt that measures will be introduced to curb the speculative element.

HOUSE PURCHASE AND HOUSING ACT, 1959 – 1969  
IMPROVEMENT GRANTS

	<i>Standard</i>	<i>Discretionary (Improvements)</i>	<i>Discretionary (Conversions)</i>	<i>Special</i>
Applications approved	324	271	53	15
Owner/Occupied	200	200	9	7
Tenanted	124	71	44	8
Applications rejected	17	6	2	-
Dwellings – Improved	276	166	-	6
Provided	-	-	44	-
Amount paid in grants	£29,755	£56,176	£16,270	
Average grant per dwelling	£103	£348	£506	

Amenities provided – Standard Grants

Fixed bath or shower . . . . .	124
Wash hand basin . . . . .	204
Sink . . . . .	3
Internal water closet . . . . .	253
Hot and cold water supplies at three points . . . . .	70
Hot and cold water supplied at one or two points . . . . .	134

HOUSING ACTS, 1964 & 1969  
GENERAL IMPROVEMENT AREAS

Areas Surveyed . . . . .	1
Areas declared . . . . .	—
Houses improved in existing General Improvement Areas . . . . .	31

DWELLINGS OUTSIDE IMPROVEMENT AREAS

Representations made by tenants . . . . .	14
Preliminary notices served . . . . .	6
Immediate improvement notices served . . . . .	5
Dwellings improved, full standard . . . . .	5

ADVICE TO INTENDING HOUSE PURCHASERS – CIRCULAR 54/55

As a result of the above circular and official notices in the local press, 11,648 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.



<b>HOUSING ACT, 1957</b>	
<b>BEYOND REPAIR (INDIVIDUAL HOUSES)</b>	
Undertakings accepted (Section 16)	-
Closing orders made (Section 17)	3
Demolition orders made (Section 17)	6
Closing orders made (Section 18)	-
Houses demolished following demolition orders	1
Displaced persons	5
Families displaced	1

<b>CLEARANCE AREAS</b>	
Represented during year:—	
Areas	17
Unfit houses	733
Houses included by reason of bad arrangement etc.	-
Persons to be displaced	1918
Action taken during the year:—	
Houses demolished by local authorities or owners	
(a) unfit	324
(b) others	23
Persons displaced	1068
Families displaced	412

<b>HOUSES IN MULTIPLE OCCUPATION</b>	
Houses known to be in multiple occupation	435
Houses on which notices of intention have been served for:—	
(a) Management Orders (Section 12)	1
(b) Directions on overcrowding (Section 19)	19
Houses on which have been made:—	
(a) Management Orders	1
(b) Directions on overcrowding	15
Notices served:—	
(a) to make good neglect of proper standards of management (Section 14)	1
(b) to require additional services or facilities (Section 15)	5
(c) where work has been carried out in default	-
Prosecutions taken since passing of Housing Act, 1961, in respect of:—	
(a) Management	5
(b) Directions	35
(c) Overcrowding (Section 90, Housing Act, 1957)	-
Control Orders made (Housing Act, 1964)	-
Control Orders terminated	-

**COMMON LODGING HOUSES**

259 lodgers are cared for in 38 rooms registered for sleeping in 3 registered properties.

The three common lodging houses, one Salvation Army, one Church Army and the third privately owned are all inspected regularly to confirm that the conditions are satisfactory.

When application was last made for re-registration of the privately owned lodging house, a meeting between the Chief Public Health Inspector, the owner and the tenant was held to determine possible methods of improvement in the amenity standards. Agreement was finally reached on the installation of the following additional amenities:

1. The construction of a ground floor ablution block containing three showers, four baths and seven wash hand basins.
2. Replacement of three existing W.C.s by three new W.C.s under cover and the provision of a slab urinal.
3. Installation of new stainless steel sink in the common kitchen.
4. Installation of an additional W.C. on the ground and first floors adjacent to the bedrooms.

Approval was given by the Council for aid by Special Grant of a maximum of £1,000 and the work has been commenced. On completion application for registration will be approved to a larger number of occupants from 30 to 60 which will increase the above total to 289 lodgers.

STATISTICS – LOCAL AUTHORITY DWELLINGS

Report by Mr. C. F. Fortune, Director of Housing

CLASSIFICATION	31.12.72	31.12.71
Bed Sitters . . . . .	54	54
One Bedroom . . . . .	1819	1777
Two Bedrooms . . . . .	4880	4887
Three Bedrooms . . . . .	14468	14526
Four Bedrooms . . . . .	236	230
TOTALS:–	21457	21474
New Dwellings – Local Authority . . . . .	211	169
New Dwellings – Private Enterprise . . . . .	507	577
Additional purchased properties let on weekly rental, including blighted properties	93	56
Local Authority dwellings demolished . . . . .	12	28
Sales of Council Houses . . . . .	216	40

POLLUTION CONTROL

Air Pollution

Industrial

The move from coal as a fuel has continued, natural gas and oil being the alternative fuels mainly employed. Further intended conversions have been notified, including the replacement of the only remaining industrial boiler still using coal fired by hand.

The small committee of officials set up by the Chief Alkali Inspector and known as the Spondon Pollution Committee has met on two occasions during the year. The committee keeps under review, problems in the Spondon Area and the Corporation are represented by the Divisional Inspector dealing with pollution control.

Domestic

The No. 21 Smoke Control Order covering Littleover and parts of Normanton came into operation on 1st October, 1972. Four further orders have been made during the year. It had been the intention to include the whole of Abbey Ward but part of the ward has been deferred because substantial areas are likely to be demolished.

Measurement

Tables showing the results from the Standard Grit Deposit Gauges and from the Daily Volumetric Filters are included in the report.

There is increasing emphasis on the effects of metals in the atmosphere. Work on this is being carried out in a number of towns and is being co-ordinated by Warren Spring Laboratory of the Department of Trade and Industry.

General Pollution

The Department has added to its existing responsibilities for the protection of the environment the administration of the Deposit of Poisonous Waste Act, 1972. The Act places an obligation on people producing and depositing waste materials to ensure that the waste is disposed of in a way which will not give rise to environmental hazard. There are notification requirements which will enable local authorities to obtain information on types and quantities of waste being produced and the methods and places of disposal, including a variety of filter pressed and neutral sludges, bitumen, resins, zincs and varnishes, asbestos, pumice pastes and detergent wastes. This enables the authority to take action where unsatisfactory procedures are employed. It also has the valuable additional function of producing figures and information which could provide a general picture not previously available and thus enable the problem to be assessed on a national scale.

Noise

This is undoubtedly an increasing environmental problem. Complaints arise for numerous reasons – Building operations, traffic, manufacturing processes, certain retail premises, clubs and other premises with amplified music, and problems between neighbours. Present legislation is unsatisfactory. The Noise Abatement Act, 1960 gives powers to deal with noise which is a nuisance to the inhabitants of the neighbourhood but people working in offices are often subjected to noise over which there is no legal control. The Health Department itself is adjacent to the new Eagle Centre. Noises from pile driving and later from pneumatic drills and the typical machinery found on such a site have been a regular happening throughout the year. There is an urgent need in particular to make the operator of a pneumatic drill personally liable for using a silencer when operating the drill.

A Code of Practice for reducing the Exposure of Employed Persons to Noise was issued during the year and this emphasis on noise in industry is a further indication of the growing awareness of the problem.

There seems little doubt that methods of preventing and reducing noise will become an increasingly important feature of the work of Environmental Health Departments. With the removal of sub standard housing and the elimination of the grosser atmospheric pollutants – objectives which are now within reach in many towns – it is likely that noise will emerge as the next environmental problem to be tackled systematically, especially as it is an increasing problem. This will call for suitable measuring equipment and also for standards to be applied in particular circumstances.



Daily Volumetric Filter Readings. Results in Microgrammes per Cubic Metre.

1972	Average Figures					
	Peartree Police Station		Normanton Clinic		Victory Road	
	Smoke	Sulphur	Smoke	Sulphur	Smoke	Sulphur
January	102	138	45	95	73	56
February	80	118	46	106	64	50
March	96	132	62	117	46	76
April	49	65	17	47	53	61
May	42	70	21	61	50	75
June	31	54	14	49	29	51
July	28	60	17	59	24	64
August	22	60	24	47	24	48
September	88	98	42	72	57	79
October	90	93	53	76	52	86
November	107	105	42	77	61	76
December	124	157	61	126	73	125

Note (1) The instrument at Pear Tree Police Station was moved at the beginning of August, 1972 to the new Pear Tree Clinic – effectively the same site.  
(2) The instrument at Victory Road was moved in June, 1972, to Normanton Barracks approx. ½ mile N.W.

Deposit Gauges – Total Undissolved Deposit

	Winter 1971/72						Summer 1972						Averages		
	October	November	December	January	February	March	April	May	June	July	August	September	Winter	Summer	Year
Central Bus Station	176	173	89	99	137	254	153	184	136	171	38	138	155	137	146
Technical College	95	121	73	99	48	170	96	124	88	119	14	90	101	88	95
Markeaton Park	54	62	54	70	42	81	57	103	64	71	8	55	60	60	60
British Rail School of Transport	54	122	69	52	48	102	65	107	55	94	6	84	74	68	71
E.M.G.B. Pump House	66	100	64	54	39	82	45	71	54	55	3	38	68	44	56
C.W.S. Warehouse	73	101	113	72	114	136	72	106	76	87	23	80	102	74	88
City Hospital	113	127	84	42	70	141	35	295	97	163	168	209	96	161	128

Figures are average deposits per day in milligrammes per square metre.

WORKING CONDITIONS

FACTORIES ACT, 1961

There are 590 mechanical and 47 non-mechanical factories including bake-houses, at present on the Register.

A summary of the particulars in compliance with Section 153 (i) of the Factories Act, 1961, is shown in the following tables.

Inspections

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power	51	2	—
Factories with mechanical power	343	11	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)	33	5	—
Total	427	18	—

Defects Found

Particulars	Number of Defects				Number of Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of Cleanliness .. ..	3	2	—	—	—
Overcrowding .. ..	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation .. ..	—	—	—	—	—
Ineffective drainage of floors ..	2	2	—	—	—
Sanitary Conveniences —					
(a) insufficient .. ..	—	1	—	1	—
(b) unsuitable or defective ..	11	8	—	—	—
(c) not separate for sexes ..	1	1	—	—	—
Other offences against the Act (not including offences relating to out-work) .. ..	—	—	—	—	—
Total .. .. .	17	14	—	1	—



OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The work of routine inspections under the Act has continued throughout the year and it has generally been found that the improvement in standards achieved during the years immediately following the commencement of the Act have been maintained. The Act itself is limited in scope and because of this many workers are denied the protection of the legislation simply by reason that the type of premises in which they are employed is not covered by definition in the Act.

The provisions of the Act are limited, so that it is not possible merely by enforcing it to achieve anything more than bare minimum standards. In fact many of the worthwhile improvements which have been carried out in premises have been due to persuasive methods and to the recognition by more enlightened managements who are actively concerned with the welfare and wellbeing of their employees of the need to provide higher modern standards.

The Robens Committee on Safety and Health at Work, which reported during the year, have supported the view that the traditional approach based on ever-increasing detailed statutory regulation is out-dated, over-complex and inadequate. The Committee felt that reform should be aimed at creating the conditions for more effective self-regulation by employers and workers jointly. To this end it recommends that employers should be required to set out written statements of the safety and health policy and provisions and that these statements should be available to all employees. It recommends new legislation in place of all the present safety, health and welfare legislation, supported by regulations and by non-statutory codes of practice with emphasis on the latter.

The number of premises registered at the end of the year was 1966. There were 87 additions to the register and 8 deletions. The number of persons employed in registered premises increased during the year from a total of 18,839 to 19,000.

During the year 1079 visits were made to registered premises in connection with the enforcement of the Act and 14 letters were sent pointing out contraventions of the Act.

Summary of Contraventions

Section	4	Cleanliness . . . . .	66
	6	Temperature . . . . .	36
	7	Ventilation . . . . .	19
	8	Lighting . . . . .	17
	9	Sanitary Conveniences . . . . .	62
	10	Washing Facilities . . . . .	52
	12	Clothing Accommodation . . . . .	19
	13	Sitting Facilities . . . . .	3
	15	Eating Facilities . . . . .	9
	16	Floors, passages and stairs . . . . .	48
	17	Fencing, exposed parts machinery . . . . .	5
	18	Protection of young persons from dangerous machinery . . . . .	2
	19	Training of young persons working at dangerous machinery . . . . .	2
	24	First Aid . . . . .	96
		Other matters . . . . .	78

Forty-two accidents were reported during the year as required by Section 48 of the Act. These were mainly due to falls of persons and accidents occurring during handling of goods.

FOOD CONTROL

FOOD COMPLAINTS

It is evident that by far the larger number of complaints about food concern the presence of foreign matter and mould. Rarely are complaints received which relate to the adulteration of food.

The foreign matter may consist of insects, usually winged, or associated with an infestation from the countries of origin of the food during the processing and packing. In some instances, the structure and environmental conditions of buildings are such that the food is contaminated by cockroaches or rodents.

In recent years, there has been an enormous increase in mechanization in food manufacture and processing. The presence of many foreign bodies result from the hazards that are encountered in complicated and fast systems of preparation and processing and it is felt that the more complex the plant and the more rapid the operation, the greater is the hazard of foreign matter being deposited in the prepared food. These hazards are such that, when complaints are investigated, it is sometimes found that mass production and the maintenance of lines of production which excluded all human contact has left the manufacturer without any defence in the chain of responsibility.

Though the number of food complaints seem to increase, the problem confronting the manufacturers and local authorities controlling food production in ensuring a satisfactory end product must be seen against the ever increasing range of foods that are on the market nowadays. It is stated that the grocery trade today offers about 6,000 different articles of food compared with half that number before the last war and some of the large supermarkets claim they stock at least 2,000 varieties on their shelves. So perhaps the percentage of complaints and prosecutions is very small in comparison with the quantities produced.



A study of the prosecutions that have been taken by the Department during the year reveals that they have all arisen from consumer complaints mainly of foreign bodies or mould. Amongst the complaints received have been many that were considered unjustified and also others which, though justifying a complaint, were without any legal remedy or required only a caution to the firm concerned. It is accepted nationally nowadays that compared to the number of prosecutions arising from consumer complaints, prosecutions arising from compositional offences, exposure for sale or the actual selling of diseased or unsold food, misleading claims in labelling or advertising, indeed all offences found during inspections or in sampling by officers are very few. Thus the pattern of food inspection is changing enormously with the increase of wrapped and pre-packed articles in which the contents are only partially visible and invariably any foreign matter or mould patches are either well inside the food or hidden by the packaging material. It is now impossible to ensure by macroscopic examination that the great majority of food sold or exposed for sale is in a sound condition at the actual time of sale or exposure for sale.

Several prosecutions have been taken in connection with unclean milk bottles. The Milk & Dairies (General) Regulations require that a distributor "shall ensure that every vessel used for containing milk shall, immediately before use, be in a state of thorough cleanliness". Almost the entire range of foreign matter in liquid milk is associated with its container, the glass bottle, and its misuse, often by the general public. This is followed by the inadequacy of examination and cleansing at the dairy.

The milk bottle is a food container that is used many times before it is finally discarded and in between its recognised journeys for carrying milk has been found to be subjected to much abuse. Being of a standard measure and always handy, it has been used for paraffin, oil, as a flower vase and also accommodating fireworks on bonfire night as well as for many other purposes. It appears that the general public on the whole prefer it much more to a container that can be used once only and then dispensed with and attempts to distribute milk in a disposable carton are frustrated by so many who want to see a 'cream' line on their milk. A great step forward will be achieved in the hygienic distribution of food when the unsatisfactory milk bottle is replaced by a disposable container. However, it is very apparent that gains in food hygiene due to use of more and better packaging can well lead to a deterioration in environmental conditions generally and very real disposal problems arise. A balance needs to be achieved.

DATE MARKING OF FOOD

During the year a report of the Food Standards Committee on the date marking of food was published. The main recommendation of the report was that a system of open date marking for pre-packed foods should be introduced by regulations to be made under the Food and Drugs Act, 1955, to come into operation in 1975.

For some considerable period, there has been publicity and advocacy of such a system mainly by Public Health Inspectors, Local Authorities and Consumer Groups and it is encouraging to know that their pressure and efforts have finally achieved success.

A report on food labelling published by the same Committee in 1964 considered that a requirement for date marking was not practical and that the Food and Drugs Act did afford adequate protection for the public in this matter. At that time, it was felt that the trade was very much against such proposals. Hence the reversal of the opinion of the Food Standards Committee on this important issue can be regarded as a direct result of the continued pressure since 1964 in spite of the earlier opposition of the trade.

EDUCATION IN FOOD HYGIENE

During the year six talks have been given by members of the staff to various organisations on Food Hygiene. The total number of the public present has been 140. There is an increasing demand for talks on public health aspects and every effort is made to meet the requests that are received. In some instances films are shown and discussion invariably follows. This is an aspect of our work which is of increasing importance and no request for a speaker is ever rejected.

FOOD AND DRUGS ACT, 1955

Food Hygiene (General) Regulations, 1960 - 1970

	<i>No. of premises</i>
Butchers' Shops . . . . .	142
Fried Fish Shops . . . . .	75
Catering Premises . . . . .	236
Licensed Premises . . . . .	288
General Food Premises . . . . .	642
Food Factories . . . . .	23

Milk (Special Designation) Regulations, 1963

SAMPLING:—

Pasteurised . . . . .	124
Sterilised . . . . .	21
Ultra Heat Treated . . . . .	12
	157
Methylene blue test failures (Keeping quality) . . . . .	9
Phosphatase test failures (efficiency of pasteurisation) . . . . .	1
No untreated (farm bottled) milk was retailed.	

LICENSING:—

Dealers — Pasteurisers . . . . .	2
Dealers — Pasteurised . . . . .	250
Dealers — Sterilised . . . . .	122
Dealers — Ultra Heat Treated . . . . .	23



Milk and Dairies (General) Regulations, 1959

Distributors on register . . . . .	17
Dairy premises on register . . . . .	3

Ice Cream — Food and Drugs Act 1955, Section 16

Premises registered for manufacture, storage and sale:—	
Manufacture and sale . . . . .	5
Sale only . . . . .	714

SUMMARY OF FOODSTUFFS CONDEMNED

Wholesale provision stores, fish and fruit markets have been regularly inspected. Foodstuffs condemned as unfit for human consumption were as follows:—

	<i>Tons</i>	<i>Cwts.</i>	<i>Qts.</i>	<i>lbs.</i>
Meat at wholesale premises . . . . .	—	9	0	17
Meat at retail shops . . . . .	—	5	3	1
Cooked meat and meat products . . . . .	—	14	3	16
Canned meat . . . . .	1	13	1	0
Other canned foods . . . . .	3	16	1	7
Fish (fresh) . . . . .	—	5	3	16
Fruit and vegetables (fresh) . . . . .	5	16	3	5
Other foods . . . . .	1	4	3	2
Frozen foods due to cabinet breakdown . . . . .	2	0	3	7
Total . . . . .	16	7	2	15

Weight of Meat Condemned

The following table gives the weight of meat found to be unfit for human consumption during the course of meat inspection at the slaughter-houses:—

	<i>Tons</i>	<i>Cwts.</i>	<i>Qts.</i>	<i>lbs.</i>
Pork . . . . .	6	11	3	7
Beef . . . . .	2	1	3	22
Veal . . . . .	—	—	—	3
Mutton and Lamb . . . . .	—	3	3	14
Offal . . . . .	7	11	0	9
Total . . . . .	16	8	2	27

Arrangements are made for all this meat and offal to be processed for industrial purposes at Nuneaton.

Animals Slaughtered, Inspected and Condemned

	<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Total</i>
(100%) Animals slaughtered and inspected	7,345	327	3	23,564	20,572	51,811
Affected Carcasses All diseases or abnormal condition other than Tuberculosis or Cysticercosis						
Whole carcasses condemned	3	4	—	3	68	78
Part carcasses or organs condemned	871	74	2	399	1,058	2,404
Percentage numbers inspected found affected	11.9%	23.9%	66.6%	1.7%	5.0%	4.8%
Affected Carcasses Tuberculosis only						
Whole carcasses condemned	—	1	—	—	—	1
Part carcasses or organs condemned	—	—	—	—	—	—
Percentage numbers inspected found affected	—	—	—	—	—	—
Affected Carcasses Cysticercosis only						
Whole carcasses condemned	1	—	—	—	—	1
Part carcasses or organs condemned	37	—	—	—	—	37
Carcasses submitted to refrigeration	17	—	—	—	—	17
Percentage numbers inspected found affected	0.7%	—	—	—	—	0.7%

Animals Slaughtered under Government Orders

	<i>Bulls</i>	<i>Cows</i>	<i>Steers</i>	<i>Heifers</i>	<i>Calves</i>	<i>Totals</i>
Tuberculosis Orders, 1964	—	13	1	1	—	15
Brucellosis (Accredited Herds) Scheme	1	15	—	3	—	19

INCIDENCE OF DISEASE – CONDEMNATIONS

Cattle

	<i>Totally Condemned</i>		<i>Part Condemned</i>	
	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>
Abscesses and Abscess Adhesions	—	—	2	—
Arthritis .. ..	—	—	1	—
Cysticercus Bovis .. ..	1	—	—	—
Contamination .. ..	—	—	1	—
Decomposition .. ..	—	—	1	—
Fat Necrosis .. ..	—	—	1	—
Fever .. ..	1	—	—	—
Fibrositis .. ..	—	—	1	—
Injury and Bruising .. ..	—	—	29	9
Peritonitis .. ..	—	—	1	—
Septicaemia .. ..	2	2	—	—
Septic Metritis .. ..	—	2	—	—
Tuberculosis .. ..	—	1	—	—
Totals .. ..	4	5	37	9

Sheep

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Abscess Adhesions .. ..	—	3
Arthritis .. ..	—	12
Cysticercus Bovis .. ..	1	4
Leukaemia .. ..	1	—
Muscular Atrophy .. ..	—	2
Septic Pleurisy .. ..	1	—
Injury and Bruising .. ..	—	22
Totals .. ..	3	43



Pigs

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Abscesses and Abscess Adhesions	2	94
Arthritis .. ..	1	226
Blood Splashing .. ..	—	1
Contamination .. ..	—	4
Corynebacterium Equi ..	—	17
Decomposition .. ..	—	1
Injury and Bruising .. ..	—	214
Moribund .. ..	1	—
Oedema and Emaciation ..	4	2
Pleurisy .. ..	—	1
Pyæmia .. ..	47	—
Septicaemia .. ..	6	—
Septic Injury .. ..	—	2
Septic Peritonitis .. ..	1	—
Septic Pleurisy .. ..	1	1
Septic Pneumonia .. ..	2	—
Tumours .. ..	1	—
Urticaria .. ..	—	3
Swine Erysipelas .. ..	2	—
Totals .. ..	68	566

Calves

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Injury and Bruising .. ..	—	1
Totals .. ..	—	1

# SAMPLING

Summary prepared by Mr. J. Markland, Borough Analyst

## Food & Drugs Act, 1955

During the year, 348 informal and 5 formal samples were submitted for analysis. This is again a very low sampling rate of 1.6 per 1,000 population. Thirty-two samples (9.2%) were unsatisfactory because they either failed to comply with relevant legislation or were not of acceptable quality. These 32 samples were 22 sausages, 3 ice creams, 2 soups and one each of food beverage, soft drink, beef suet, dehydrated vegetable mix and cough mixture.

## Milk

44 samples were examined for compositional quality. All were satisfactory. Six of the samples were deficient in non-fatty-solids but this was due to natural causes.

The average composition of the samples was:—

Fat	3.97
Non-fatty-solids	8.68
Total solids	12.65

These figures are not true annual averages for the milk sold in the area because the samples were taken over a limited period of time.

## Other Samples

Of the 22 unsatisfactory samples of sausages, 15 contained preservative without declaration, 2 were deficient in meat, 4 were deficient in meat and contained undeclared preservative and one contained excess fat and undeclared preservative. Three ice cream samples and a beef suet were deficient in fat and a cough mixture was deficient in one of the declared ingredients. 2 soups, 1 dehydrated vegetable, 1 soft drink and 1 food beverage all had unsatisfactory labels.

## Preservatives in Food Regulations

All appropriate samples were examined for preservatives. The unsatisfactory sausages mentioned above contained sulphur preservative. This is permitted in a limited amount provided its presence is declared. The amount of preservative found was in each case below the maximum allowed, but there was no declaration.

## Lead in Food Regulations

None of the samples examined contained more lead than is permitted by the Regulations.

## Pesticides

Samples of corned beef, cod, lamb, cooking oil, lettuce, mushrooms and pears were tested for residues of organo chlorine and organo phosphorus pesticides. The small traces found were well below the generally accepted limits.

## Complaints

Samples examined following consumer complaints included Whiskey, soft drinks, hops, canned rhubarb, almond oil, sweet corn, shandy, milk, herbs and ice cream. In none of these cases could the complaint be confirmed.

Complaints which were confirmed were:—

Corned beef	Stained by iron from the can
Bread	Contained charred dough
Spaghetti	Contained rodent excreta
Canned Tomatoes	Discolouration in sides of can
Meat Pie	Contained an insect
Milk	Contained added water
In addition, foreign material from Yoghourt was examined.	

## Fertilisers & Feeding Stuffs Act, 1926

35 samples of fertilisers were examined. Eleven of the samples failed to comply with the requirements of Regulations. 4 Compound Fertilisers and one Superphosphate contained rather more nutrient than was declared and a purchaser would not have been prejudiced. Two Compound Fertilisers were slightly low in essential trace metals and two Basic Slag samples carried declarations in an incorrect form. Two samples of Bone Meal were deficient in Phosphoric Acid.

Of 32 samples of Animal Feeding Materials examined, 4 were unsatisfactory. Two were deficient in Oil, one in Protein and one contained an excess of Fibre.

## Miscellaneous

One sample of Horse Food was examined. This is not controlled by the Fertilisers & Feeding Stuffs Act. One sample of Vegetation was examined for evidence of industrial pollution. 41 samples of mains water were examined for fluoride content



LEGAL PROCEEDINGS

Food and Drugs Act, 1955 – Section 2

<i>Offence or Default</i>	<i>Fine</i>
Selling sausage containing a piece of wire	£25
Selling mouldy cream	£20
Selling mouldy loaf of bread	£30
Selling doughnut and bread roll containing insects	£50
Selling mouldy loaf of bread	£10
Selling mouldy pork pies	£60
Selling bottle of milk containing glass	£25
Selling bottle of milk containing glass	£25
Selling mouldy steak and kidney pie	£8
Selling 2 pkts. chocolate peanuts and raisins containing insect larvae	£50
Selling mouldy skinless beef sausages	£20
Selling can of Spaghetti rings contaminated by rodent excreta	£50
Selling bottle of Grapefruit juice containing piece of glass	£50
Selling tin of steak and kidney pie filling containing piece of wire	£50
Selling carton of Strawberry Yogurt containing piece of rubber	£10
Selling roast pork containing maggots	£30

Other Legislation

- Milk & Dairies (General) Regulations 1959, Regs. 27(1)
- Using dirty milk bottle – Fined £10
- Using dirty milk bottle – Fined £30
- Public Health Act, 1936
- Failure to comply with Abatement notice served requiring steps to be taken to prevent access of unauthorised persons to houses – Nuisance Order made
- Food Hygiene (General) Regulations 1970 (Parts 1 & 4)
- Various Contraventions – Fined £20 on each of 5 summonses
- Public Health Act 1936, (Section 93)
- Noise Abatement Act, Section 1
- Failure to comply with Abatement notice served in respect of noisy parties being held in house; highly amplified ‘beat’ music – Nuisance Order made
- Civic Amenities Act, 1967, Section 19
- Dumping of chicken offal, mutton trimmings, etc. – Fined £5

WATER SUPPLY

Report of Mr. I. G. Edwards, General Manager,  
South Derbyshire Water Board.

- The water supplied to the area has been adequate in quantity and generally satisfactory in quality.
- Regular examination has been made both of raw and treated waters. A total of 129 bacteriological, 9 chemical and 12 partial chemical samples were taken from consumers’ premises during the year, and of the 129 bacteriological samples, only showed coliforms. Repeat samples were found to be coliform free.
- The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton, together with treated water supplies received from the Board’s Homesford Works and the Derwent Valley Water Board. The local water filtered and sterilised at the Little Eaton works. All water is now being treated to raise the fluoride content to 1.0 p.p.m.
- None of the water as supplied to the consumers is liable to plumbosolvent action.
- All water is chlorinated before passing into supply.
- There is no record of the proportion of dwellinghouses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwellinghouses, of which there are 76,342 in the Borough, are supplied with water by the Board.
- The estimated amount of water supplied to the area of the County Borough of Derby from public supply was 5,154,361,858 gallons. The estimated number of gallons per head per day was 64.21.

PUBLIC SWIMMING BATHS

Report by Mr. N. G. Rushton, General Manager

Continued interest in water sports, particularly swimming, emphasizes the need for additional facilities to alleviate the pressure on the services. The new Regional Swimming Pool at the Municipal Sports Ground, Moor Lane, due to open in the Summer of 1973, will give a new dimension to the service, incorporating a Championship Swimming Pool, Diving Pool (with 1, 3 and 5 metre boards) Teaching Pool and Sauna Bath.

The present facilities are as follows:—

REGINALD STREET BATHS (1904)

- Swimming Pool 100’ x 30’
- Turkish and Vapour Bath with Exercise Room
- Ultra Violet and Radiant Heat Sun-Ray Bath
- Slipper Baths (20)
- Establishment Laundry

QUEEN STREET BATHS (1932)

- Gala Pool 100’ x 40’
- Family Pool 100’ x 32’
- Teaching Pool 60’ x 24’
- Squash Courts (2)
- Finnish Sauna Bath with Exercise Room
- Ultra Violet Sun-Ray Bath
- Aeratone Therapeutic Bath
- Slipper Baths (17)
- Establishment Laundry

Attendances during the year ending 31st March, 1972 show a decline in the Slipper Baths figures, other services maintain high attendances. The total for the year was 798,213.

All water used within the pools is constantly filtered and sterilised, the amount of the dose being automatically controlled to maintain the water in an alkaline condition. Trained operators regularly make chemical tests to ensure the safety of the water and ‘Breakpoint’ chlorination ensures the immediate extermination of bacteria.

SWIMMING BATHS

Thirty samples of swimming bath water were taken at periods of heavy demand by public health inspectors, being obtained from local authority public baths, school swimming baths and a swimming pool used in connection with a private school. Checks were made of the free chlorine content and the pH value of the water and confirmatory samples were taken at the time of the bacteriological standards of the water. Free chlorine levels were generally maintained at 1.0 part per million or above which is sufficient to ensure satisfactory bacteriological purity of the water. An occasional sample revealed the free chlorine content to be slightly below 1.0 part per million, but the associated bacteriological samples showed that the water was free from bacteriological contamination.

SEWERAGE

Report by Mr. W. H. Richardson, Borough Engineer and Surveyor

Chellaston Trunk Foul Sewer - Contract No. 1 is now complete, and Contract No. 2 has commenced. When the second Contract is complete in 1974, this will provide a gravity sewer from Shelton Lock to the Sewage Disposal Works at Spondon and a surface water outfall from the same area to the Cuttle Brook in Chellaston.

Spondon Re-drainage — Contract No. 1, one of three Contracts for alleviation of the flooding problems of Spondon is well under way and should be complete by the end of 1973. The remaining two Contracts are in the design stage.

Design of the Pumping Station and gravity sewer from the Allestree Sewage Disposal Works to the Borough’s main system is still proceeding.

Statistics regarding trade effluent are 107 consents and 10 agreements, representing an increase of 20 such authorisations over last year.

STATISTICS – CONSTRUCTION WORK CARRIED OUT

Foul Sewers . . . . .	8,078 m
Surface Water Sewers . . . . .	14,628 m
Land Drains . . . . .	2,208 m
Combined Sewers . . . . .	568 m

RODENT CONTROL

Prevention of Damage by Pests Act, 1949

1,595 complaints were investigated during the year, consisting of 1,023 complaints of rats and 572 complaints of mice and a total of 8,791 visits were made to domestic, business and agricultural premises.

If evidence of defective drains was apparent or suspected during survey and treatment of rat complaints, the roden operative reported and visited with the public health inspector and notices under the Public Health Act, 1936 were served to remedy any defects found after testing.

The most effective manner by which rat infestation can be controlled is by regular baiting of the sewer system. In the latter half of the year a test-baiting of a proportion of sewers in the whole of the Borough was carried out. This involved the lifting, baiting with sausage rusk, and further lifting and checking of a total of 561 manholes in the system. The testing revealed heavy infestations in six of the eighteen electoral wards in the Borough, a portion of two other wards was heavily infested and the remainder showed a much lighter degree of infestation. As a follow-up all manholes in the heavily infested sections are now being treated with fluoracetamide, a quick acting rodenticide recommended by the Ministry of Agriculture Fisheries and Food and because of its toxic nature only used in sewer systems. Selected manholes in areas of light infestation are also being treated with fluoracetamide.





**the  
health  
of  
Derby  
School  
Children**

**Medical Inspection  
Speech Therapy Clinic  
Child Guidance Clinic  
Special Education  
Dental Health**





SCHOOLS AND SCHOOL CHILDREN

Report by Dr. J. E. Masterson, Deputy Medical Officer of Health and Deputy Principal School Medical Officer

Details of the work of the School Health Service during 1972 is given under the headings that follow this forward, and in this year I only wish to comment on one or two points.

We were fortunate during the year to acquire the services of more doctors, and this will enable a fuller general medical service to be given, but unfortunately there are two categories of handicapped children who are not receiving the services they need.

It is quite impossible to meet the demand for speech therapy. The three part-time therapists, because of domestic commitments, have altogether only been able to offer an average of about five sessions per week, and this is quite inadequate to serve about forty thousand school children.

The Derby Royal School for the Deaf moved into their magnificent new premises during the year, and I consider that severely deaf Derby children receive a service second to none in the country, but I continue to be very perturbed about the service available for the partially hearing. A few of these children do attend the Royal School, and others go to the County Partially Hearing Unit at Heanor, but a town the size of Derby should have at least one partially hearing unit of its own. I have been pressing for this for over four years, but, because of other commitments, it has not been possible to give it the priority that I personally consider it deserves.

I was, however, delighted to see another priority coming to fruition during 1972 – the building of a third E.S.N. School, and at the time of writing this is now open and steadily admitting slow learning children who need the specialised help that cannot be given in some of the large over-crowded ordinary schools. Ivy House School for E.S.N. (S) children is full to capacity, and serious thought needs to be given to providing individual help for a number of retarded, hyper-active and disturbed children, who are very difficult to assimilate even in small classes with other backward children.

The appointment of Mr. Carabine as Health Education Officer in the Health Department at the beginning of 1972 has already proved to be a great asset to the School Health and Education Service, and I am confident his enthusiasm and the co-operation he is receiving from all schools, will justify this new appointment.

MEDICAL INSPECTIONS IN SCHOOLS

At the end of the year, there were 40,889 children on the registers of maintained primary, secondary, special and nursery schools. 6271 children had a routine medical examination (2948 boys and 3323 girls). In addition, head teachers brought forward 79 children for special examination.

The physical condition of 6262 (99.86%) children was satisfactory, and the remaining 9 (0.14%) were classified as unsatisfactory.

3479 parents (55.3%) accompanied their children, but 75.4% of the infants were accompanied.

Heights and Weights

Age	Year	Boys			Girls		
		Number examined	Average Height (inches)	Average Weight (lbs.)	Number examined	Average Height (inches)	Average Weight (lbs.)
5 years	1912	440	40.27	39.42	462	40.16	35.56
	1919	499	40.7	39.4	496	40.3	39.1
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1956	812	43.2	43.0	700	43.0	42.1
Born 1958	1963	481	42.9	42.7	418	42.7	41.8
Born 1960	1965	416	43.1	43.0	393	43.2	42.2
Born 1962	1967	513	43.1	43.3	484	43.0	42.0
Born 1964	1969	459	43.5	44.4	397	42.9	43.0
Born 1966	1971	573	42.9	44.8	560	42.6	44.5
Born 1967	1972	561	42.8	44.3	515	43.0	43.3
14 years	1947	425	62.8	104.4	364	62.0	106.3
	1956	751	63.3	108.1	590	62.1	109.6
Born 1949	1963	405	63.1	109.0	404	61.8	112.3
Born 1951	1965	313	63.0	109.7	244	61.3	113.7
Born 1953	1967	465	62.9	107.3	382	61.9	110.2
Born 1955	1969	354	62.8	109.0	181	62.5	111.6
Born 1957	1971	308	62.5	108.8	261	61.9	112.7
Born 1958	1972	216	63.0	108.9	333	62.7	110.7



Visual Defects and External Eye Diseases

The percentage of children found to have defective vision was 15.6%.

In the two age groups, the percentage of children who were unable to read 6/6, 6/6, were:—

Boys born 1967 6.2%	Girls born 1967 7.8%	Boys born 1958 13.8%	Girls born 1958 19.2%
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In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were:—

Boys born 1967 3.7%	Girls born 1967 6.8%	Boys born 1958 6.0%	Girls born 1958 9.6%
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The percentage of the children noted as requiring treatment was 9.4%

Squint

The number of children born in 1967 found to have a squint, even of the smallest degree, was 31.

Colour Vision Testing

Year of Birth	Boys				Girls			
	No. tested	No. with correct C.V.	No. with defective C.V.	% with defective C.V.	No. tested	No. with correct C.V.	No. with defective C.V.	% with defective C.V.
1966 & 1967	1363	1346	17	1.2%	1286	1286	—	—
1957 & 1958	389	371	18	4.6%	762	758	4	.52%
Totals	1752	1717	35	2.0%	2048	2044	4	.2%

Parents of all children with defective colour vision are notified so that further investigation can be made if colour vision is likely to play an important part in the child's future career.

External Eye Disease

Three cases of blepharitis and nine other defects were found at routine medical inspections.

Minor Ailments and Diseases of the Skin

The following skin diseases were recorded at the medical inspections:—

Eczema	104	Psoriasis	14
Warts	19	Athletes Foot	1
Naevus	12	Alopecia	2
Verrucae	21	Ichthyosis	1
Acne	8	Dermatitis	9
Scabies	5	Other Diseases	9
Impetigo	1		

Nose and Throat Defects

The number of children referred for treatment for enlarged tonsils and adenoids was .70 per cent. of the number examined. The percentage placed under observation was 4.3.

Ear Disease and Defective Hearing

74 children were noted as suffering from Otorrhoea at routine medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 428 cases.

SPEECH THERAPY CLINIC

Both part-time therapists have had maternity leave in this year, and the Clinic was closed from July until October, when Mrs. Adler returned to hold one session a week.

Despite the shortage of time, however, the greatest efforts have been made to see all new cases as soon as possible, as well as keeping in contact with those already under observation.

Classification of cases seen:

Stammer . . . . .	20
Dyslalia . . . . .	10
Cleft palate . . . . .	4
Retarded language and/or speech development . . . . .	66
Others. . . . .	2
No. of cases seen: . . . . .	102
Cases carried over from 1971: . . . . .	168
New cases admitted in 1972: . . . . .	45
Cases carried over into 1973: . . . . .	177
Discharges:	
Speech normal . . . . .	11
Much improved . . . . .	7
Failed to attend . . . . .	12
At parents' request . . . . .	2
Left district . . . . .	3
Left school . . . . .	1
Total, including 8 prior to treatment . . . . .	44
Children referred in 1972 . . . . .	65
Children on waiting list at 31.12.72: . . . . .	43
School visits: . . . . .	1
Actual attendances: . . . . .	420
Possible attendances: . . . . .	539

CHILD GUIDANCE CLINIC

Joint Report of Mrs. P. V. Greatorex and Miss A. Williamson, Educational Psychologists

This year saw many changes in the Clinic, beginning with the appointment of two full-time Social Workers, Mrs. Hacking and Miss Godrich, from 1st January 1972.

The Clinic continued to function normally until the end of March, when we were very sorry to lose the much valued contribution of Dr. V. Pillai, Consultant Child Psychiatrist, who left for work in another area. We were very fortunate to obtain the services of Dr. Davies, Consultant Psychiatrist, for one session a week, from the end of April, so that psychiatric interviews have continued at the Clinic, almost without a break. We would like to express our thanks to Dr. Davies for his assistance in this sphere.

Inevitably, many children were referred for psychiatric interview to the Children's Hospital, rather than to the Clinic, continuing the trend of recent years. Although the Clinic team has co-operated on a number of these cases, there has been, perhaps, a fall in the number of "Child Guidance" cases dealt with.

In contrast to this, there has been a considerable increase in the School Psychological side of the work. In fact, it became very difficult to meet the demand for this service satisfactorily, given the low staffing of the Clinic. Much of the work of the Educational Psychologists and Social Workers has had to be confined to initial interviewing and advice, rather than to ongoing cases.

During August, Mrs. Hacking, Social Worker, left the Clinic, much to the regret of the rest of the team, of which she had been an effective and well-liked member. Mrs. Hacking's place was very ably filled by Mrs. Pitt, at the start of November.

Lastly, in September, Mrs. Heald was appointed to the post of remedial teacher, vacated by Miss Hardy in July 1971. It is now possible, therefore, for us to provide more concrete help for children with learning difficulties.

In spite of the numerous team changes during the year, the Clinic has continued to function relatively smoothly and, in fact, the overall work-load continued to rise.

Child Guidance Clinic Statistics

Referral

During the year 482 new cases were referred to the Clinic, as follows:—

Schools	288
Schools Health Service	125
Parents	21
Hospitals	17
General Practitioners	15
Others	16

242 of the children were of junior school age, 125 were of primary school age, and 58 were of secondary school age. The remainder were pre-school or nursery age-group, or at private, special or no school.



Orthopaedic and Postural Defects

The following deformities were noted at the routine medical inspections:—

Foot Deformities:	100	Postural Defects:	18	Other Defects:	106
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Vaccination

2,638 (42.1 per cent.) of the 6,271 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows:—

1938	10.8	1967	35.1
1945	8.0	1968	38.8
1955	12.8	1969	45.9
1965	30.5	1970	45.2
1966	34.3	1971	42.7

Arrangements for treatment — School Clinics

At Temple House, the Speech Clinic and Child Guidance Clinics are open daily, and Minor Ailments Clinics operate a total of 17 sessions weekly at eight premises in Derby. In addition, one session per week is held in the Ophthalmic, Orthopaedic and Aural Clinics at the Central Clinic premises of the Regional Hospital Board.

Minor Ailments Clinic

1784 children attended these Clinics on a total of 8250 occasions. 694 examinations were made by Medical Officers. The following statistics show the use of the Clinics over the years.

Year	1931	1948	1958	1962	1967	1968	1969	1970	1971	1972
Children	11470	10593	2886	3388	3153	2429	2253	2118	2372	1784
Attendance	55460	47959	20129	15539	9492	8004	8812	8262	9326	8250

Aural Clinic

The number of children who received operative treatment for tonsils and adenoids was 70.

Cases attended . . . . .	111
Attendances . . . . .	156
X-ray examinations (at hospital) . . . . .	5

Orthopaedic Clinic

Cases attended . . . . .	304
Attendances . . . . .	370
(Included in these figures are 44 cases referred from Child Health Centres)	
Attendances at Splint Maker . . . . .	212
X- ray examinations (at hospital). . . . .	30

Ophthalmic Clinic

Cases attended . . . . .	365
Attendances . . . . .	381

Orthoptic Clinic

These statistics are kindly supplied by the Orthoptist in charge of the Department.

New Patients . . . . .	185
Discharged . . . . .	133
Attendances . . . . .	3020

There was a large variety of individual reasons for referral, which are here grouped for convenience into four somewhat arbitrary and overlapping categories.

Educational problems	364
Behavioural problems	56
Emotional problems	55
Other reasons	6

Consultations

	<i>At Home</i>	<i>At School</i>	<i>At Clinic</i>	<i>Other</i>	<i>Total</i>
By Psychiatrist	-	-	112	-	112
By Educational Psychologists	4	858	228	78	1168
By Social Workers	511	14	44	13	582
By Remedial Teachers	-	731	14	-	745

Recommendations being pursued

Remedial teaching	48
Survey	34
Play group etc.	11
Speech therapy	6
Intensive treatment	4

Cases closed

Much improved	3
Improved	23
No change	16
Diagnosis, advice and report only	7
Other reasons	17

SPECIAL EDUCATION

One of the more important functions of the School Health Service continues to be the ascertainment at an early age of children who may benefit from special educational facilities.

During the year 115 children were newly ascertained as being in need of special educational help because of their handicaps.

A number of Derby children attend the following Special Maintained, Non-Maintained and Independent Schools.

BLIND

- Tapton Mount School, Manchester Road, Sheffield.
- Chorley Wood College for the Blind, Rickmansworth.
- Sunshine House Nursery School for Blind Children, Birkdale, Southport.
- Sunshine House Nursery School for Blind Children, Overley Hall, Overley, Telford, Shropshire.

PARTIALLY SIGHTED

- Exhall Grange School, Exhall, near Coventry.
- St. Vincent's School for Blind and Partially Sighted Children, Liverpool.

DEAF

- Royal School for the Deaf, Derby.
- Ewing School for the Deaf, Nottingham.
- Mary Hare Grammar School for the Deaf, Newbury, Berkshire.

PARTIAL HEARING

- Royal School for the Deaf, Derby.
- Needwood School for the Partially Hearing, Burton-on-Trent, Staffordshire
- \*Heanor Partially Hearing Unit, (William Howitt Infant & Junior School), Heanor, Derbyshire.
- \*Partially Hearing Unit, Langley Mill Junior School, Bayley Brook Crescent, Langley Mill.
- Towin Water School, Hertfordshire.

\*Special Unit not forming part of a Special School.

PHYSICALLY HANDICAPPED

- Thieves Wood School, Nr. Mansfield, Nottinghamshire.
- Irton Hall School, Cumberland.
- Talbot House School, Glossop, Derbyshire.
- Palace School, Ely.
- Ingfield Manor School, Billingham.
- Mossbrook School, Sheffield.
- Hesley Hall School, Tickhill, Nr. Doncaster.
- Wilfred Pickles School, Tixover Grange, Duddington, Stamford, Lincolnshire.



**DELICATE**

Ashe Hall School, Etwall, Nr. Derby.

**MALADJUSTED**

Overseal Manor School, Burton-on-Trent, Staffordshire.  
Rudolf Steiner Camphill School, Aberdeen.  
Royal Eastern Counties Special Schools, Colchester.  
Cotswold Chine Home-School, Box, Nr. Stroud, Gloucestershire.  
Oak Bank, Park Lane, Seal, Sevenoaks.

**E.S.N.**

Ivy House School, Derby.  
St. Martin’s School, Derby.  
St. Giles’ School, Derby.  
John Duncan School, Buxton, Derbyshire.  
Breadsall Brookside School, Derby.  
Delves School, Swanwick, Derbyshire.  
St. Joseph’s, Croome Court, Severn Stoke, Worcester.  
Allerton Prior R.C. Special School, Liverpool.  
Heldreth Manor School, Hertfordshire.  
Ashley Downs School, Lowestoft.

**EPILEPSY**

Lingfield Hospital School, Lingfield, Surrey.

**Special Schools**

**E.S.N. Day Special Schools**

**St. Martin’s School**

Report by Mr. W. J. Lake, Headmaster

Reorganisation of the Special Education Service and the redrawing of catchment areas ready for the opening of the third E.S.N. School have meant disruption of classes due to movements of children between Schools. However this should eventually mean more sensible and closer drawn catchment areas which will mean shorter journeys to school for many children, and is thus to be welcomed.

During the year numbers on roll fluctuated but were generally around the 105 mark.

There were no significant staff changes during the year.

Children discharged included six boys who left to work and six children who were able to return to the ‘normal’ schools at the secondary stage.

The School was re-decorated internally and a much needed extra room created by partitioning one of the larger rooms.

Projects undertaken by the senior boys as part of their School Leavers Work Preparation Course included the building of a P.E. Store, the creation of a further reading area complete with book racks produced in the School Workshop on the production line basis, and the designing and construction of a number of cold frames for the School garden.

Toward the end of the year preparations were well ahead (in conjunction with the other Special Schools and the College of Further Education) towards the starting of a Link Course at the College of School Leavers and a full-time one year course in General Studies and Work Experience for children on leaving.

Other activities during the year included the usual round of visits, expeditions, camping trips, concerts, etc. etc.

**St. Giles’ School**

Report by Mrs. B. Robinson, Headmistress

During 1972 some 33 pupils were admitted; 6 of these from St. Martins. One boy transferred to St. Martin’s, 2 boys left to employment and 12 girls left, 8 of whom were employed; 1 to a Rehabilitation Centre, 1 to the County, 2 boys transferred to a normal Secondary School, and 1 girl was excluded for further recommendation. The new school year 1973 began with 102 on roll.

The school now has six class teachers, one homecraft specialist, and the Deputy Head who runs a boys’ craft course. The reception class with children whose ages range from six to nine has a non-teaching assistant. The School has a full-time Welfare Assistant who also acts as bus escort. The children are transported to school by one main bus, one mini coach, and four taxis. Several children walk to and fro; one girl is travelling alone on public transport as a mobility exercise. We have been fortunate to find work experience projects for the senior pupils which are aimed at an increased independence and social competence.

Weekly clubs within the timetable have produced some firmer muscles among the boys engaged in outdoor maintenance and gardening projects. Among the girls we have prettier faces and lovely hair-dos as a result of a very popular hair and beauty club.

Christmas decorations were made for the junior library of the main Borough Library and the School was disguised with spiders and spooks for a most delightful Halloween party, to which several special schools parties came.

Sports fixtures with other similar schools are on the increase and will be more easily arranged when we receive the minibus we have been promised.

We continue to receive valuable help from visiting professionals.

We look forward to many outings in the near future from which the pupils will receive cultural stimulation and motivation towards written and oral work.

### **Ivy House School**

Report by Mrs. J. Jepson, Headmistress

There are one hundred and twelve children on the roll, forty-four children in the Special Care Unit and sixty-eight children in the school section. During the year, eight children have been admitted to the school section. Eight children have left the school section, some of those being admitted to the Wetherby Industrial Unit. One child has died. Three children have been admitted to the Special Care Unit. Two children have left the Unit and another child has died.

Staffing in the school section has remained constant. In the Special Care Unit one of our nursery nurses has left to go abroad.

Continued support has been given by Dr. Hazlewood, Miss Williamson, Educational Psychologist, Mrs. Gardiner, Physiotherapist, Mrs. Plevy, teacher of the deaf, and we have been very fortunate to have obtained the services of Mr. March, Speech Therapist, for one morning per week.

Co-operation and exchanges with other schools have grown. We continue to visit a local Infant School with some of our younger children, and our older children have had much social contact with pupils from St. Giles' School. We have also had an exchange of staff with this School for one morning per week.

During this year we have seen the completion of the Homecraft Room and the permanent pool in the water playground. We have converted a small kitchen in the school section into an individual teaching room and we are in the process of converting a small storage room in the Special Care Unit into an individual teaching room for a small group of children with autistic tendencies.

With these extra facilities we have been able to widen our curriculum. We now offer the children an options afternoon where they can work in smaller groups according to interest and ability. Amongst the activities offered are:— ten-pin bowling (using the minibus to take the children to Ilkeston), pre-swimming sessions, dressmaking, clay-work, crafts, drama and music. In these sessions we have found the help of the Spondon School students invaluable.

The children have continued with their swimming sessions at the Queen Street Baths. We now have quite a few children who can swim and several children have obtained their third and second learners class certificates. At the moment we have one boy working hard for his first class learner's certificate.

Two of our athetoid children are benefiting from fortnightly riding sessions held at Hazelwood at the winter quarters of the Riding for the Disabled Association.

This year we held our first Inter-School Sports Day in the grounds of Parkwood School, Alfreton. Stanton Vale School, Ilkeston, was the third competing school.

For our annual outing we took the younger children to Drayton Manor Park and a group of our older children to London. Other visits, using the minibus, have been made to local parks, places of interest in Derby, local farms, Cricet Tramway Museum and Matlock.

The work of our Parent/Teacher Association has continued and as well as holding various fund-raising functions, we have also had several films and visiting speakers, in an attempt to help and advise parents.

Staff have attended various short courses ranging from practical subjects, such as drama with subnormal children to more detailed courses on autism. Considerable interest has been shown in the inservice courses run by the Educational Department.

### **Ashe Hall School for Delicate Pupils, Etwell**

Report by Mr. D. W. Hart, Headmaster

During 1972, nine children were admitted to the School and fifteen were discharged.

The C.S.E. course is now established and the first pupils will be taking their examination in 1973.

The children gained further certificates in swimming, typing and personal survival.

The beginning of the year was marked by illness amongst the staff, which fortunately was only of a comparatively short duration.

Various visits and expeditions were organised throughout the year, notably when the older boys and girls camped and caravanned in Conway, North Wales. The younger children spent a week at Whatstandwell from where they visited various places of interest in the High Peak.

This year the Garden Party realised £320.

Help has been given throughout the year by a party of senior girls from Markeaton Girls' School, which has been to mutual benefit.

The League of Friends of Ashe Hall was formed to help the children in various ways.

A number of exchange visits were made to various schools throughout the year.

Work was begun on the School Swimming pool, which is hoped will be completed in early summer.



TEACHING IN HOSPITALS

Reort by Mrs. C. E. Consterdine, Derby Education Department

During 1972 there was no tuition given in Derby Hospitals during the Summer Term, due to a change in the Hosp Teacher. Mrs. Booker left in April to take up domestic duties. and Mrs. Consterdine was apointed to take over tuition fro 1st September, 1972.

During the year, 270 pupils received education, emphasis being given to Mathematics, English and Reading. Where th was a special need, other subjects, e.g., French, Latin, were also taught. As far as possible the pupils own curriculum followed, liaison being kept with the pupil's school.

The age range of the pupils was five years to fifteen years, and the average length of stay was two weeks, but children received tuition for five weeks, two children for eight weeks, one for ten weeks, and one for sixteen weeks.

The distribution of the children was as follows:

<i>Hospital</i>	<i>Number of Pupils</i>	<i>Age</i>
Derwent	1	14 years
City	1	16 years
Derbyshire Royal Infirmary	3	All 14 years
Children's	265	5 years - 14 years
Borough Children	137	
County Children	96	
Outside Local Education Authority Children	37	

NURSERY SCHOOLS

The four Nursery Schools, (Central, Allenton, Rosehill and Harrington) continue to function successfully on the li indicated in previous reports. The children are visited regularly by the School Nurse and at frequent intervals by the Med Officer.

SCHOOL NURSES

The routine treatment work by the six School Nurses in minor ailment clinics is well known and is extremely valua Nursery Classes and Schools are visited regularly, and this part of the Nurses' work has increased because of nursery sessi held for morning and afternoon children. The home visiting connected with all the types of work is time-consuming, but v necessary. The year's work comprised the following:—

Home Visits	189
School Visits	103
Nursery School Visits	338
Clinic Sessions (including specialist Clinics)	1438
Miscellaneous Examinations	802
Cases of scabies treated at Temple House Clinic	27
Audiometer testing	71

VERMINOUS HEADS

Routine inspections of all children for the ascertainment of uncleanliness are carried out in schools twice a year by Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infeste previous inspections are made. The children who are found to be infested with lice or who appear to be seriously infe with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those child who require cleansing are immediately served with a notice requiring them to present the children at the cleansing cer Children found at subsequent inspections to be re-infested are again required to attend for cleansing and the parents warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in five such case 1972. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's h and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Sessions devoted to School Inspections	481
Individual children cleansed	453

SOCIAL SERVICES COMMITTEE WORK

Special examinations of children committed to the care of the Local Authority are carried out by the staff of School Health Service, and routine visits to the various Children's Homes are made monthly, and to the Remand Home on week. The following examinations were carried out during the year:—

Initial and routine examinations of boarded out children	167
Children for adoption	18
Examinations carried out in Children's Homes	74
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Home)	179
Other examinations	385

MISCELLANEOUS WORK

Medical examinations were also made as follows:—

Teachers	42
Intending Teachers	249
Outward Bound Courses	22
Other examinations	11
Employment of schoolchildren	151

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)  
PERIODIC MEDICAL INSPECTIONS

Year Born	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
1968 and later	187	187	—	—	—	8
1967	1076	1075	1	17	50	63
1966	1805	1804	1	66	118	173
1965	762	760	2	35	74	100
1964	379	379	—	28	27	54
1963	244	241	3	23	16	37
1962	99	99	—	12	9	17
1961	69	69	—	5	11	13
1960	69	69	—	5	10	12
1959	65	65	—	9	7	14
1958	550	549	1	58	33	85
1957 and earlier	966	965	1	191	72	241
Total	6271	6262	9	449	436	817



Number of special Inspection	826
Number of Re-inspections	4352
Total	<u>5178</u>

Infestation with Vermin	
Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	106,709
Total number of individual pupils found to be infested	491
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	273
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	273

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**TABLE A. – EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	46
Errors of refraction (including squint)	280
Total	326
Number of pupils for whom spectacles were prescribed	276

**TABLE B. – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	<i>Number of cases known to have been dealt with</i>
Received operative treatment –	
for diseases of the ear	8
for adenoids and chronic tonsilitis	64
for other nose and throat conditions	6
Received other forms of treatment	36
Total	114
Total number of pupils still on the register of schools at 31st December 1972 known to have been provided with hearing aids:-	
during the calendar year 1972	2
in previous years	47

TABLE C. -- ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
Pupils treated at clinics or out-patients departments	115
Pupils treated at school for postural defects	—
Total	115

TABLE D. — DISEASES OF THE SKIN  
(excluding uncleanliness)

	<i>Number of pupils known to have been treated</i>
Ringworm — Scalp	—
Body	3
Scabies	45
Impetigo	50
Other skin diseases	1368
Total	1466

TABLE E. — CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	158

TABLE F. — SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	95

TABLE G. — OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	197
(b) Pupils who received convalescent treatment under School Health Service arrangements	252
(c) Pupils who received B.C.G. vaccination	2041
Total	2490





*Health Education — Dental Hygiene "Swish and Swallow"*

## DENTAL SERVICES

Report by Mr. F. Grossman, Principal School Dental Officer.

If the past year's activities of the Dental Services are to be judged by the amount of treatment carried out, and by the number of children treated, one may feel well satisfied that a good year's work was accomplished; thus providing some little consolation regarding the amount of work left undone which could not be coped with.

It is disturbing to still find, during the periodic inspection of children at school, not only the presence of so much dental disease, but also of so many teeth that have been filled, indicating that while timely repairs have been carried out with great benefit, these teeth are also further evidence of the widespread nature of the disease. It is equally disturbing to realise that much of the destruction that has occurred could have been avoided if there had been a greater knowledge amongst the public of the importance of such matters as general dental hygiene and of diet in relation to teeth.

The population as a whole, and especially the children and young adults, are to-day more tooth conscious than ever before, and this opportunity should be seized by giving them constant reminders of the evils, so far as teeth are concerned, of the eating of sweets, biscuits and snacks between meals.

Eight million teeth are extracted in Britain every year, and in 1968 a survey revealed that seventeen and a half million children had no natural teeth.

In mid 1971, fluoride was introduced to the water supply, which served the population of Derby Borough, and we are sure to find a dramatic improvement in the teeth of the population in the Borough in the not too distant future.

A formidable body of specialists studied the results of special dental examinations of children living in fluoridated areas, and compared them with those of children living in similar but unfluoridated control areas. Their conclusions were unanimous. They summed them up in these words: "Fluoridation is highly effective and completely safe".



Personnel

We are fortunate not to lose any full-time Dental Officers during the year, and to be able to secure the addition of a full-time Officer, but the loss of two Auxiliaries, who we were unable to replace, was very disappointing.

At the end of the year we had the equivalent of 4.9 full-time Officers out of an establishment of seven, made up of four whole-time Officers and three part-time Officers. In addition medical anaesthetists are employed for three sessions per week.

The ratio of Dental Officers to school children is now approximately one to 8,000.

Equipment

One surgery at Mackworth Clinic was brought up to date with a new unit and light. This now leaves only one surgery to be modernised, which we hope to be able to do during the coming year.

Inspection

The number of pupils who received routine dental inspection was 19,148, out of a school population of 40,899. In addition to the pupils who received a routine dental inspection in their school, 3,165 were inspected at the Clinic because of requests made on their behalf for emergency treatment, or for six monthly examinations.

Those dentally defective pupils, whose dental conditions conveyed that they were in the habit of receiving treatment from private dental practitioners, were not referred for Clinic treatment.

Treatment

11,396 attendances at the Clinic were made by 5,308 children for the following treatment:  
Fillings: 11,640 fillings were inserted in 10,240 teeth.  
Extractions: 1,038 permanent teeth and 3,254 deciduous teeth.  
General Anaesthetics: 2,028 general anaesthetics were administered.

The tables give all the details in statistical form.

Orthodontics

An Orthodontic Service for the children has been provided at the Central Clinic since October, 1970. The Consultant from the Derbyshire Royal Infirmary has attended for two sessions per week. The response from the patients and their parents has been most keen and enthusiastic, and I feel we will have to expand this service if possible in the future.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS  
ATTENDANCE AND TREATMENT

	<i>Children 0-4 (inclusive)</i>	<i>Expectant and Nursing Mothers</i>
Visits for treatment during year:		
First visit	259	80
Subsequent visits	230	170
Total visits	489	250
Additional courses of treatment other than the first course commenced during year	31	9
Treatment provided during the year:—		
Fillings	413	134
Teeth filled	363	121
Teeth extracted	299	213
General anaesthetics given	150	38
Emergency visits by patients	96	19
Patients X- rayed	-	-
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	4	35
Teeth otherwise conserved	-	-
Teeth root filled	-	-
Inlays	-	-
Crowns	-	-
Courses of treatment completed during the year	247	50

INSPECTIONS

Patients given first inspections	444	84
Patients requiring treatment	250	81
Patients offered treatment	248	80

PROSTHETICS

Patients supplied with F.U. or F.L. (first time)	4
Patients supplied with other dentures	2
Dentures supplied	29

ANAESTHETICS

General anaesthetics administered by Dental Officers

SESSIONS

Dental Officer sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients for:—	
Treatment	82
Health Education	



DENTAL INSPECTION AND TREATMENT

Pupils on the Register of Maintained Primary and Secondary Schools, including Nursery and Special Schools, in January 1973: 40,899

ATTENDANCES AND TREATMENT

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit	2337	2391	580	5308
Subsequent visits	2221	2991	876	6088
Total visits	4558	5382	1456	11396
Additional courses of treatment commenced	326	372	103	801
Fillings in permanent teeth	1919	5552	1711	9182
Fillings in deciduous teeth	2338	120	-	2458
Permanent teeth filled	1534	4940	1561	8035
Deciduous teeth filled	2122	93	-	2215
Permanent teeth extracted	125	718	195	1038
Deciduous teeth extracted	2365	889	-	3254
General anaesthetics	1177	760	91	2028
Emergencies	557	315	44	916
Pupils X-rayed		156		
Prophylaxis		386		
Teeth otherwise conserved		6		
Teeth root filled		22		
Inlays		2		
Crowns		17		
Courses of treatment completed		5517		

ORTHODONTICS

New cases commenced during the year	4
Cases completed during the year	3
Cases discontinued during the year	3
Removal appliances fitted	6
Fixed appliances fitted	-
Pupils referred to Hospital Consultants	83

DENTURES

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	4	20	6	30
Dentures supplied	4	34	14	52

ANAESTHETICS

General anaesthetics administered by Dental Officers — Nil

INSPECTIONS

(a) First inspection at school. Pupils	15308
(b) First inspection at clinic. Pupils	3840
Number of (a) + (b) found to require treatment	9516
Number of (a) + (b) offered treatment	7440
(c) Pupils re-inspected at school or clinic	3165
Number of (c) found to require treatment	1606

SESSIONS DEVOTED TO

Treatment	1597
Inspection	108
Dental Health Education	18





